FOR

HUBBÄRD FUNERAL HOME

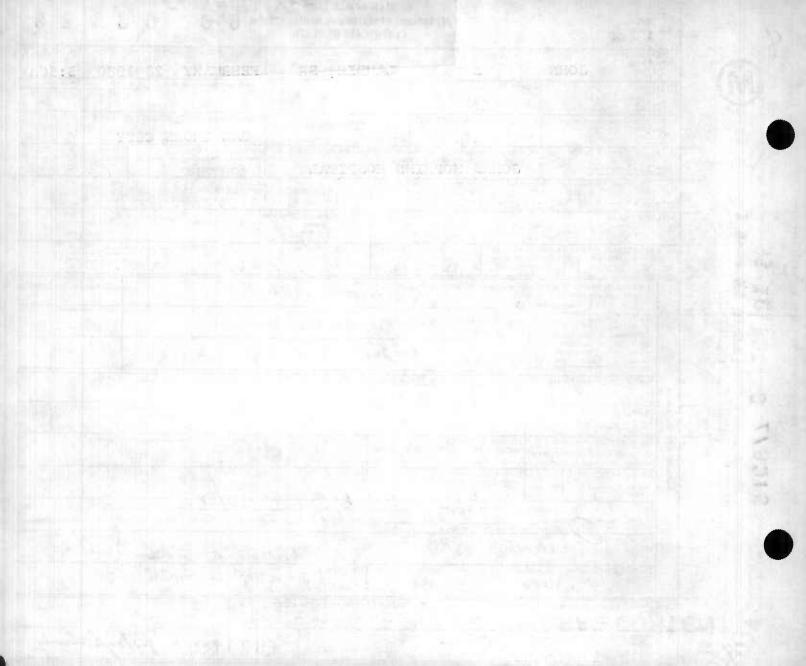
IVRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28. DATE OF DEATH 1 DECEASED NAME AN IDOLE MONTH 26. HOUR (TYPE OR PRINT) JOHN E DWARD LAMBIE FEBRUARY 28 1980 3:50AM AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 3. SEX HOURS OAYS MONTH YEAR Male Whie 17 1922 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Ohio U.S.A. BALTIMORE CITY WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR JOHNS HOPKINS INDUSTRY Baltimore HOSPITAL Mechanic W.T. Sherman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 7458 Lawrence Road Dundalk Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Lambie Nellie John Moore 7458 Sawrence Road ME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 181-14-9260 Rose M. Lambie Balto. MD 21222 Yes wwAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (ardiogenie strock PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) multiple transfusions DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF cardial surgery underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 15 chemic heart discere 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? rectoris angina 27 NO [NOIZ YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M THE LOCATION 71s PLACE OF INJURY 714 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22e.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. if (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 226 SIGNATURE DEGREE Cenneth Kein no 2/28/50 PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT TO FUNERA should be del with the Stat 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Johns Hopkins Hospital Kinneth Kem M.A. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY STATE Sacred Ht. of Jesus Dundalk, Baltimore, /3/80 Buria. 25R. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN. TURE 24 FUNERAL DIRECTOR Duda-Ruck, Incomess **DHMH-16 25M** (VRA 15, 4) 1/79 7922 Wise Avenue, Dundalk, MD 21222

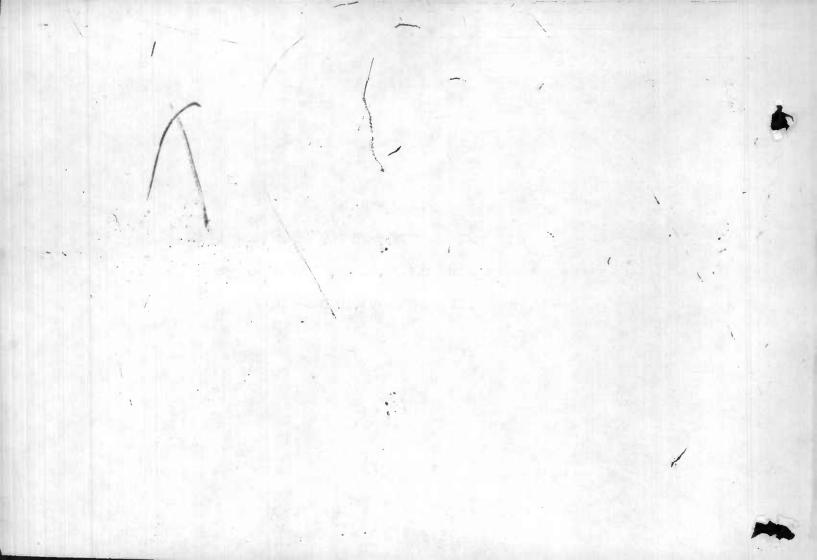


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VOID DEATH CERTIFICATE FOR SHAWN MARC LANG

FEBRUARY 28, 1980, CITY - #03930

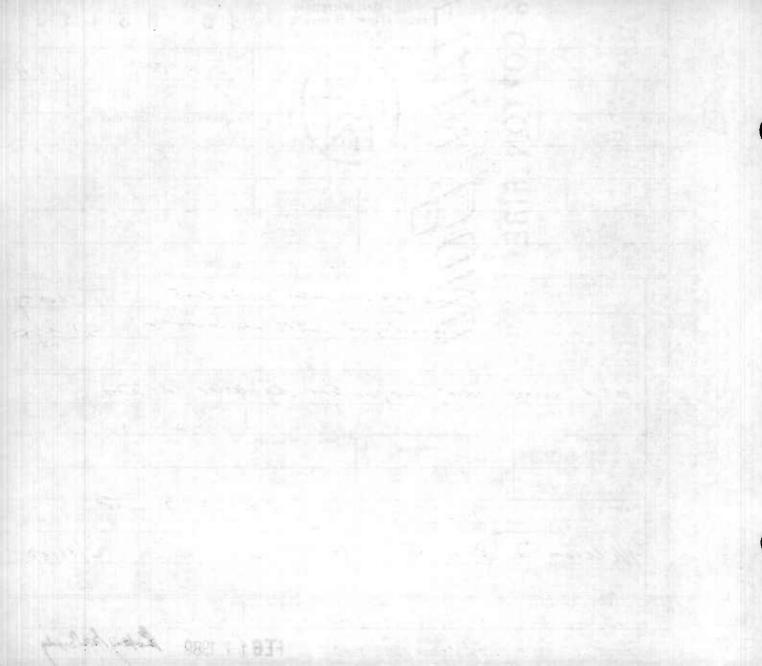
FILED IN MARCH, 1980 Deaths



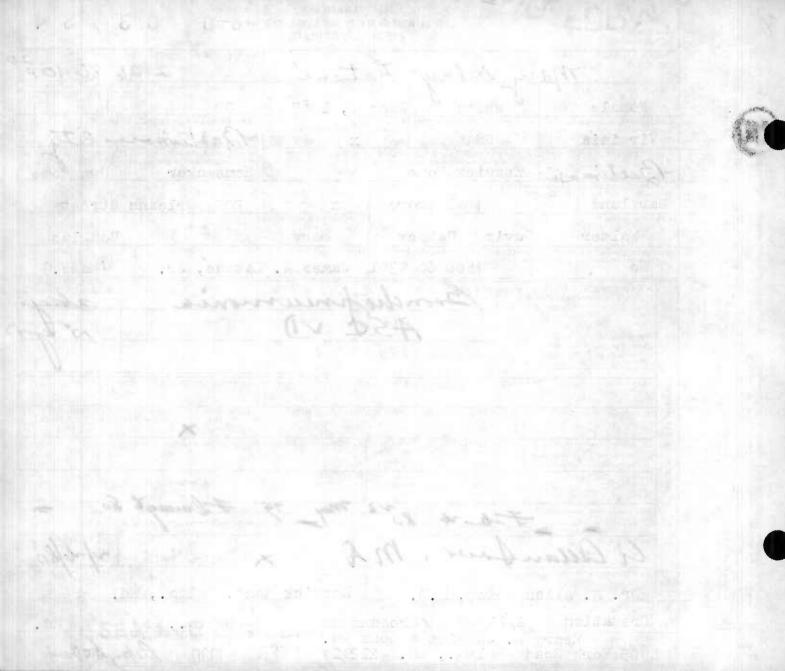
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		Joseph	-	Larocc	a	February 9,	1980	10 A
	3 SEX		4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHO		
		Male	White	Aug.	4, 1893 YEAR	86	YRS.	HOURS MIN
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f them 21 is morked or them 18 shows	MEDICAL	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOTIFY HOLD (1) (this hosp sow the deceosed alive or above, (h) (we) (did) (did no 22b. SIGNATURE WILLIAM F.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) (at lower the bady after death) OR PRINT) Renner MD	DAY YEAR 19 CE, FARM, ETC.)	WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19 4 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN 22e ADDRESS 3222 St. Pat	200 AUTOPSY? YES NO L RED (ENTER NATURE OF INJURY) CITY OR TOWN The STAFF DIRECTOR PHYSICIA 21 Street Ball	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES IN ITEM 18, PART 1 OR PART 2) COUNTY COUNTY 22c. DAT	STATE ., that (II (we) lose couses stated
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8-1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 3 SEX A. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF LINDER 24 HRS MONTH DAYS 1887 Female June White THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Virginia USA WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Keswick Home Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 131. CITY OR TOWN 1136 COUNTY 13e STREET ADDRESS 136. INSIDE CITY LIMITS? Maryland Baltimore 2024 Orleans Street YES TA NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walter FIRST Davis Dabney Marv Douglas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 566 66 9391 James A. Latane. (Mass. 18 CAUSE OF DEATH (Enter only one cause per line toyla), (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians. gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a AUTOPSY? 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an , and that in (my) apinion death accurred on the date and have and from the causes stated abave, (1) (did) (did 201) view the bady after death 22b. SJGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S Spier. M.D Keswick Home. Balto 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE COUNTY STATE CITY OR TOWN Gremation /27/80 Greenmount Balto. Md 24 FUNERAL DIRECTOR Henry W. Jenkins 25a DATE REC'D, BY REGISTRAR 25h, REGISTRAR'S SIGNATURE Sons Co. **DHMH-16 25M** 1905 York Road Balto.. (VRA 15, 4) 1/79



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE LAST 28 DATE OF DEATH MONTH 2h. HOUR LIVPE OR PRINTS THEL MA AMPENICE FERRILARY 18 1980 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR HOUR5 19, 1923 Female Caucasian Jan. Ja BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** TE CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED COUNTRY) USA Maryland WIDOWED DIVORCED [] BALTIMORE IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 124 KIND OF BUSINESS OR AF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Analyst LOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY Glen Burnie 316 Broadview Blvd. 134 INSIDE CITY LIMITS? Md. NOT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME d 2 John MIDDLE Thelma MIDDLE Miller · a Farr ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES 216-18-9546 Mr. Irvin Lawrence, Husband, same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost breast cance PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22s.1 certify that (1) (this hospital) attended the deceased from 19 80 saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN FUNERA uld be de 270. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should with Glen Haven Mem. Pk. Glen Burnie, CAN, Md. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Feb.80 Burial 250. DATE REC'D. BY REGISTRAN 250. WEIS DAR'S SALES OF THE 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79 James S. Kirkley, Glen Burnie, Md.

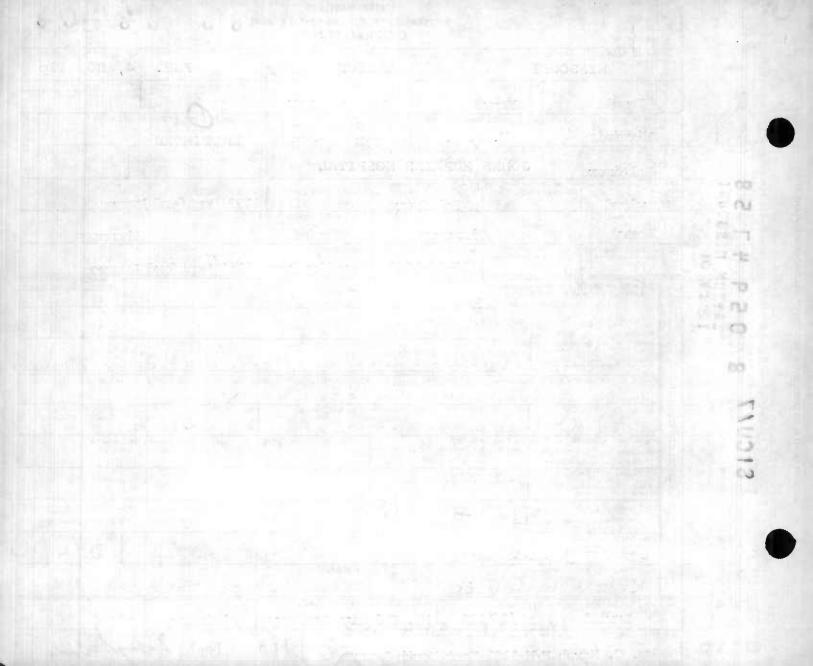
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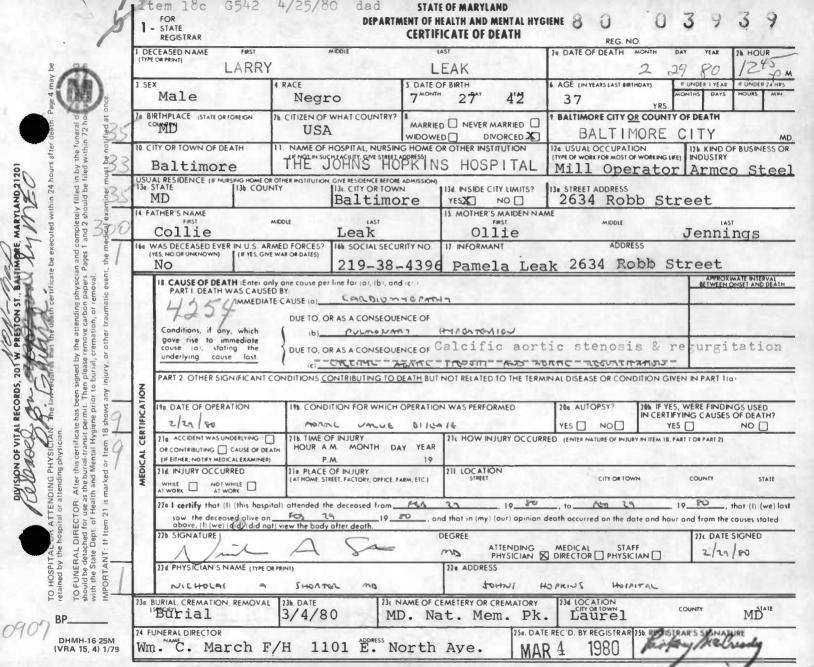
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Herbert E. Nutter 3035 W. North Ave.

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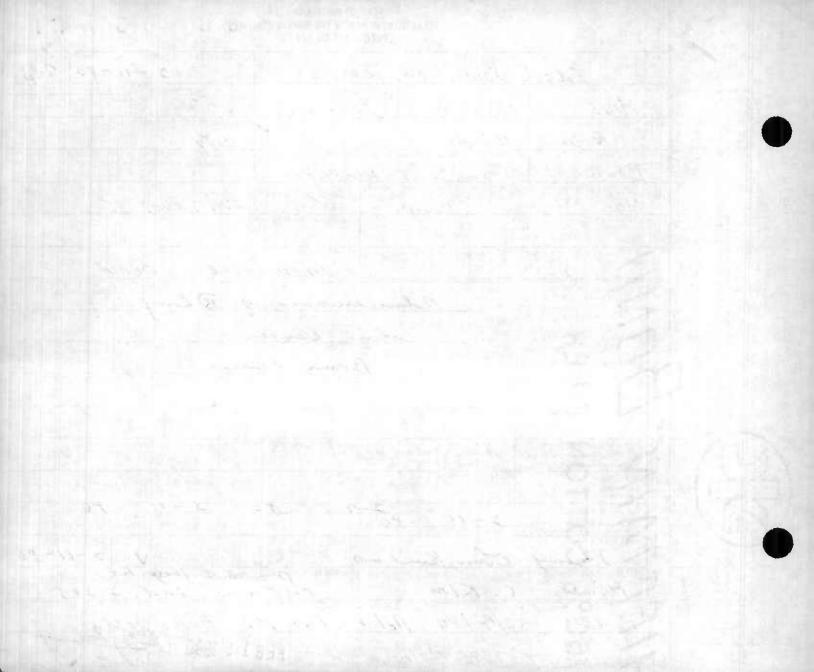


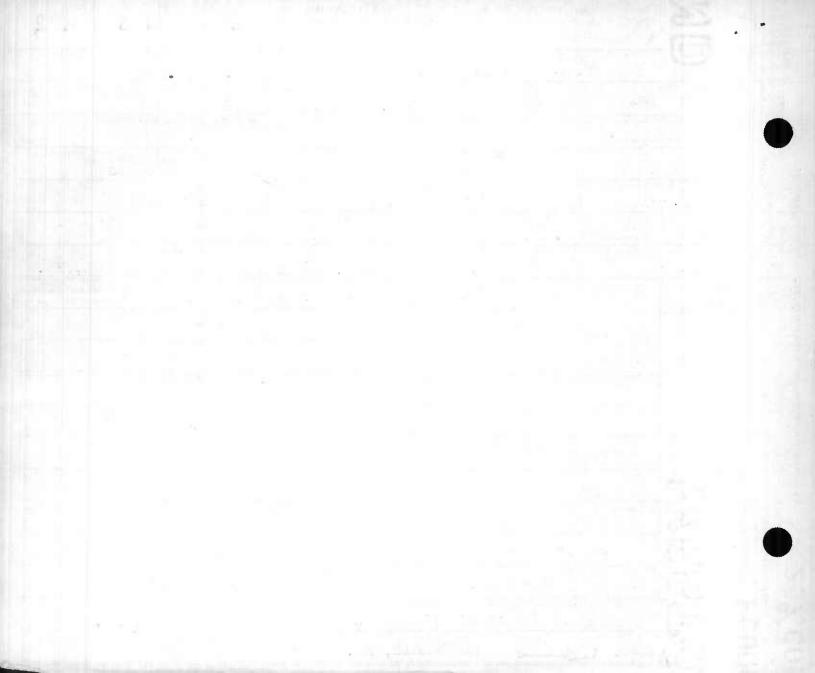


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MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		IVE RESIDENCE BEFOR	VN	13d INSIDE C	TITY LIMITS?	3526 For	S		
	14 F/	ATHER'S NAME PETER	WIDDIE	ROKI	ckl		SMAIDEN NAM FIRST OSEPHI	ne MIDDLE		Grzle	wski
BALTIMORE, cote be execut ysicion and co opers. Pages 1 vol.	16a \	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES?	215 10		Soph		galski 4	Wall		
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DHMH - 16 50M 7/77 (VR A 15 (4))		orge J. Gonc	e 4001	Ritchi	alto e Hgv	21225 vy	MAR	REC'D. BY REGISTRA	ARIZSB. REG	STRAR'S SIGN	

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			STATE OF MARYLAND		0 7 0 6 1
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(TYPE OR	Edsel	l Laurence	Lee		2-11-80 7.00 M
3. SEX	-	4 RACE	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS
	MALE	NEGROID	2-4-1928	52	YRS MORITIS DATS MORE MILE
76. BIRTH	HPLACE ISTATE OR FOREIGN		MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
10. CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		120 USUAL OCCUPATI	
57 /	SALTO.	PROVIDENT	HOSPITAN	THE OF WORK FOR MOST O	T WORKING (IFE) INDUSTRI
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- /	R CONTRIBUTING CAUSE OF DEA IF EITHER, NOTIFY MEDICAL EXAMINER)		YEAR		
Q 21	d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
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X	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. N	0 3 9 4 4
y be		CEASED NAME PIRST Anna	MIDDLE	Lencz	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 8 15 M
ge 4 m	3. SE	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 3 29 07	6 AGE IN YEARS LAST BIR	THOAY IF UNDER I YEAR IF UNDER 4 HRS MONTHS DAYS HOURS MIN
deoth. Po	70 BI	RTHPLACE (STATE OR FOREIGN) SET MANY	Germany	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	ore City MD.
by the trilled with	10 C	Baltimore	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore (ADDRESS) ADDRESS)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	
filled in could be	13a S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOW Baltim	N 134. INSIDE CITY LIMITS?	13e STREET ADDRESS	Fait Avenue
ond 2 sh	14. FA	THER'S NAME	Barne	15 MOTHER'S MAIDEN NA	* MIDDLE	LAST
Poges 1		VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (15 YES, GIVE V		Mrs. Best	rice Paka	CKI, Glen Rock, Pa.
physicion on popers. emovol. event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), one BY:	A (2.1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S MINUSCO
e corbino on, or r umotic		Conditions, if any which	DUE TO, OR AS A CONSEQUE	yem Infarction		Iweeli
by the ot ase remov I, crematii other trai		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
Then ple r to burio injury, or	NO	PART 2 OTHER SIGNIFICANT CO Diabetes me	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
ene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
certificate miol-transit entol Hygin them 18 shall be here.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	11b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
s the buriol ond Menta	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOV	WN COUNTY STATE
or use or of Heolth		220 1 certify that (I) (this haspital sow the deceased alive on	2-19 19	ond that in (my) (our) opinion	to 2-19 death occurred on the de	ote and hour and from the couses stated
L DIRECT stoched f re Dept. c if frem 2		obove, (1) (we) (did) (did not) 27b. SIGNATURE	view the body ofter deoth.	DEGREE ATTENDING	MEDICAL STA	FF 22c DATE SIGNED
should be deto with the Store MPORTANT: If		22d. PHYSICIAN'S NAME (TYPE ORF	Foittog:	220 ADDRESS RAILMONE	C'47 Ho	pitolo
Should should be seen as the s	23o. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	B. J. STATE
50M 1/76 5 (4))		ineral director Mat		Eastern Are FE	R 2 3 1980	13h BOSSHARS SHOULDERY
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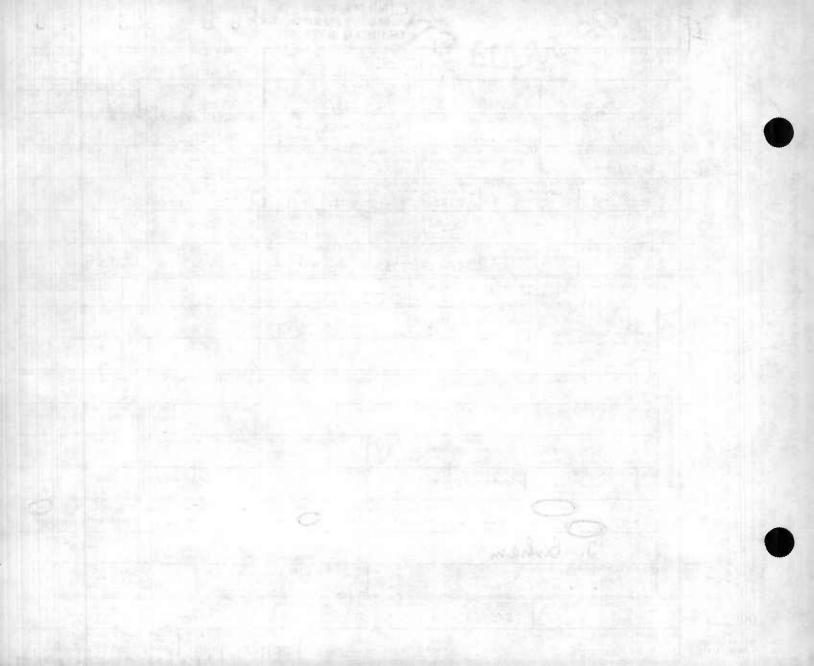
tions of his promise of the same

5	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 0	0 3	9 4
BA		CEASED NAME PIRS	Ray Pet	HE KAY	L	Lepock, Sr.		AONTH DAY	YEAR 26
E) SE	M ale	4 RACE	white	5 DATE C		6 AGE (IN YEARS LAST BI	YRS	
2 207	Y.	RTHPLACE STATE OR FOREIGN OUNTED	Ţ	J.S.A.	WIDOWE			ore,Ci	ty ty
Postfied with		Baltimore	(FNOT I	Baltimore	ADDC1 t	y Hospitals	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST Miner		126. KIND OF BI
4 135	T3a1	AL RESIDENCE (IF NURSING HO	Salto.	13 DUNG 21		13d. INSIDE CITY LIMITS?	13e. 3REEOARWE	od Rd.	212
030		ather's NAME ndrew	MIDDLE	Lepöck	5	15 MOTHER'S MAIDEN NA	WIDDLE		LAST
Poper.		VAS DECEASED EVER IN U.: YES, NO PRUNKNOWN) (IF YE	S. ARMED FORCES S, GIVE WAR OR DATES			Mrs. Mil	dred Lepo		e as
renut. Then plea a prior to burinf, s any injury, ar o	INCATION	PART 2 OTHER SIGNIFICA		CONTRIBUTING TO		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b IF YES, W	ERE FINDINGS G CAUSES OF
Hygenst p	CERTIF	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (110110	E OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES [
And ond Ments	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLA	P.M. CE OF INJURY , STREET, FACTORY, OFFICE, I	19 FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY
ched for uses Dept of Meals Nem 21 is ma		22a. I certify that (this saw the deceased aliabave, (It (we) (did) (did) (did).	re an 2/	29 19 1		d that in (aur) apinian			d fram the cause
auld be deto th the Store PORTANT. II		22d. PHYSICIAN'S NAME (CHMAN	V		1) ATTENDING PHYSICIAN [220 ADDRESS CE	MEDICAL STA DIRECTOR PHYSI	CIAN	2/29
1538	23a E	BURIAL, CREMATION, REMO	3/4			EMETERY OR CREMATORY Ston Masoni	23d. LOCATION CITY OR TOWN Shinn	ston	W .
1/75 5 (4))	24 F	Duda-Ruck		7922°0°Wi:	se Av	e. 21222	TE REC'D. BY REGISTRAL		5.519 Mell

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8	1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	DIENG 0 0 3 9 4 7
(MA)	1 DEC	REGISTRAR CEASED NAME FIRST OR PRINT)		LERIAN	REG. NO. 20. DATE OF DEATH MONTH DAY WEAR SO SO A M
	3 SE	x Male	White	Jan. 14.1908	6 AGE (INYEARS LAST BIRTHDAY) F JOER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
eoth. Pag erol dire n 72 hour	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT COUNTRY $U.S.A$.		Baltimore City,
rs ofter de by the fur tiled within	10. CI	altimore	11. NAME OF HOSPITAL, NURSI (IE NOT IN SUCH FACILITY, GIVE STREE St. Agnes F.	NG HOME OR OTHER INSTITUTION LADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Policeman 12b. KIND OF BUSINESS OR INDUSTRY Balto.Citu
AND 212 AND 212 rilled in hould be	13a. S	Md. Bal	r OTHER INSTITUTION. GIVE RESIDENCE BEFO NTY timore Catons	VI 11 PYES NO DE	13e STREET ADDRESS 6113 Burnt Oak Road
MARYL ed withi mplerely ond 2 s axomine	14 FA	THER'S NAME Jacob	MIDDLE Lerian	15 MOTHER'S MAIDEN NA FIRST Josephi	MIDDLE LAST
BALTIMORE, A solution and cor spers. Poges 1 vol. vol.		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	urity no. 17 informant 611 -3789-Mrs. Hele	3 Burntodak RdCatonsvill
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p unal, cremation, or rema	TION	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, ONAS A CONSCOL	JENCE OF TOOL MAN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Loture Loture
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir otherding physicion. Utter this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH (DAY YEAR	200 AUTOPSY? YES NOW NEED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION TTENDING PHY: spirol or ottendii for use os the bu of Heolth and M	MED		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ited of the dead that personal from 19 21: View the body ofter death.	pr 30 1,80	county state , to 190, 190, that X (we) lost death occurred on the date and hour and from the causes stated
TO HOSPITAL OR A etonned by the hos TO FUNERAL DIRECT should be detoched with the Store Dept.		226. PHYSICIAN'S NAME (TYPE)	LIOUDS DR PRINT)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN D
40/SBP	(BURIAL, CREMATION, REMOVAI SPECIFY) Burial UNERAL DIRECTOR Sterlis	3/3/80 N	NAME OF CEMETERY OR CREMATORY ew Cathedral Ce	23d LOCATION COUNTY STATE
(VR A 15 (4))		736	Edmondson Ave.		/ /

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FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	O REG. NO.	0	3	7 5	0
CEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF	DEATH MONTH	OAY	YEAR	2b. HO	UR
	LILLIA	.N	LEVIN	L	2 2	9	1980	12	18 M
Х		4 RACE	5. DATE OF BIRTH	& AGE (IN YE	ARS LAST BIRTHOAY)	IFU	NDER I YEA	R IF UNCE	R 24 HRS
FEMALE		WHITE	MONTH DAY YEAR		74 YRS	MON'	THS OAYS	HOURS	MIN
	R FOREIGN	76 CITIZEN OF WHAT COUNTRY?		1 BALTIMO	RE CITY OR COUN	ITY OF	DEATH		
MARYLAND		U.S.A.	WIDOWED DIVORCED	BALT	IMORE CIT	Y			MD.
ITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL, NURSIN			CCUPATION			OF BUSIN	ESS OR
ALTIMORE		3618 FORDS LA.		HOUSE!	FOR MOST OF WORKING	S LIFE)	NDUSTR'	HOME	

3 SE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 130 CITY OR TOWN 3618 FORDS LA., APT. E 21215 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE CRYSTAL LAST UNKNOWN UNKNOWN HERBERT THALER 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 217-01-5612D (21208) NO 8515 ARBORWOOD RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (wet taled) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

DHMH-16 20M (VRA 15, 4) 7/78

and Mental Hygiene

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WORKMEN CIRCLE 24 FUNERAL DIRECTOR SOL LEVINSON 6010 REISTESTOWN RD.,

23b. DATE

3-2-80

23a BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

BALTO., MD 21215

234 NAME OF CEMETERY OR CREMATOR

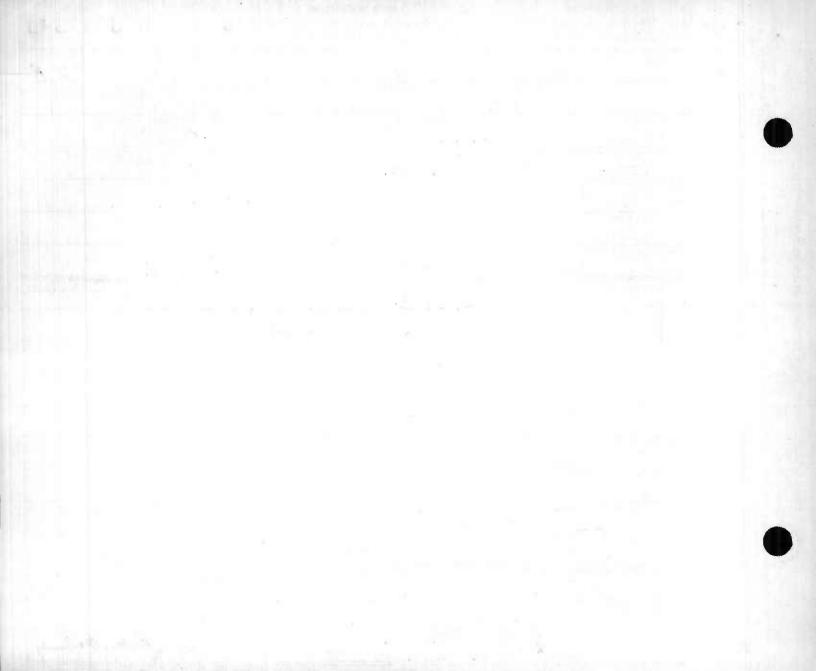
7.16. LOCATION CITY OF TOWN

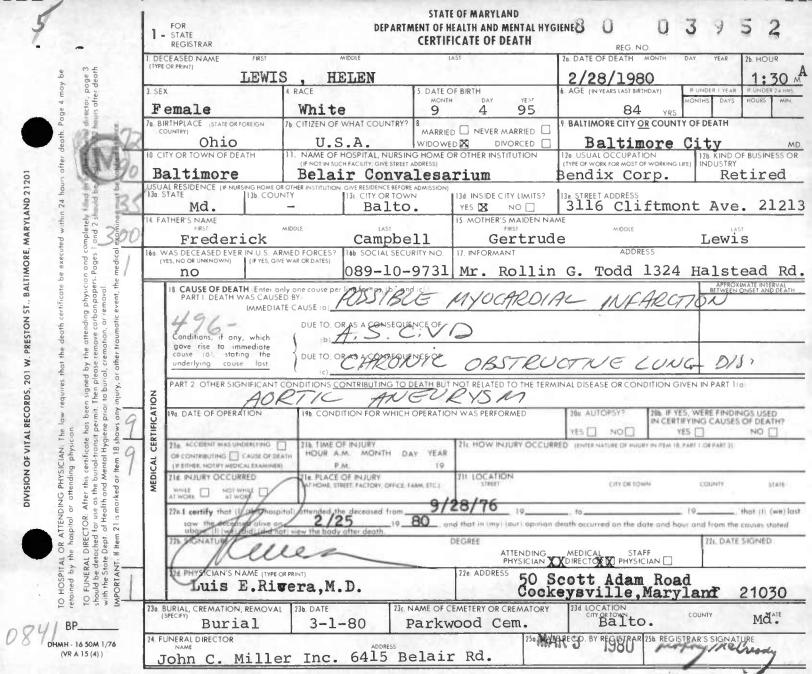
BALTIMORE

MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE.

STATE

COUNTY





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(BA)		3. SEX		1. RACE	5 DATE	OF BIRTH	6. A	GE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
(LAST)			F	В	12	29		37	YRS	DATS DATS	HOURS MIN
	20		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER MAR	RRIED - 9 B.	ALTIMORE CITY O	R COUNTY	OF DEATH	
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d 2 th	12)	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S M		MIDDLE	1/	LAS	T
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and copy	1	16a W		RMED FORCES? 16b SOCIALS!	CURITY NO.	17 INFORMANT		ADDRI	SS	1200	11 61
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been prior ony ir	0	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORM	ED 2	Og AUTOPSY	20b. IF YES	, WERE FINDIN	IGS USED
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s certific buriol-tr Mental I	4	-	OR CONTRIBUTING CAUSE OF DI		DAY YEAR						
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for of H			sow the deceased alive a	on	You?	nd that in (my) (au	or) opinion death	accurred an the d	ate and have	r and from the	causes stated
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1	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & U	1 3 9 5 4
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W MAR)	3 SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR # UNDER 24 HRS
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S = G S	13	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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SICIAN: vysician. ertificate transit p tal Hygie Item 18	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)
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F @ () L = =		above. D we) (did (did	nat view the bady after death.	, and that in (my) (aur) apinion	n death occurred an the date and	
L DIRECTOR A Spring to the post of the pos		226. SIGNATURE		DEGREE		221 DATE SIGNED
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1 x aren	Casiall 7	MA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2/80
ERAL e detac State	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		7-1, 0
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	23e	BURIAL CREMATION, REMOVA	AL 236 DATE	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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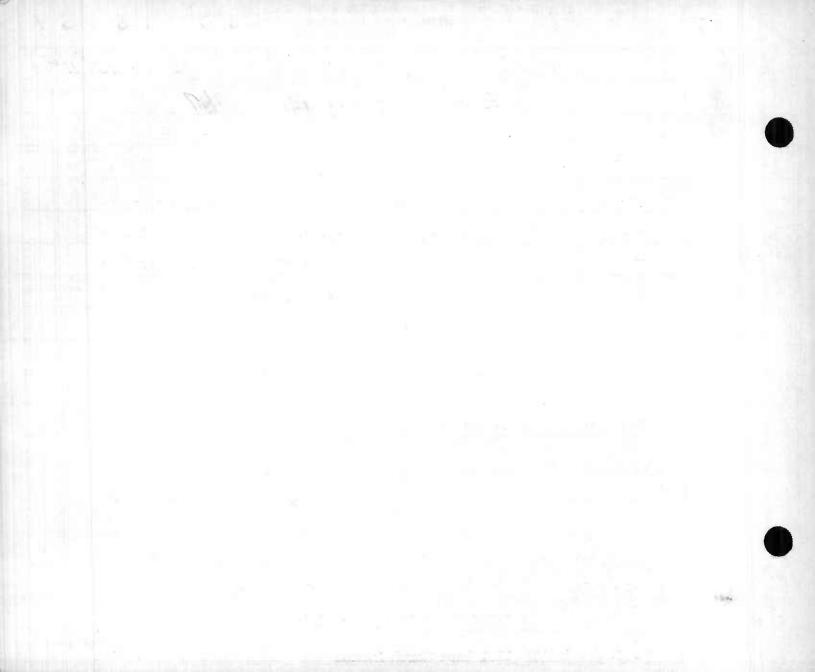
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2	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 7h HOUR
-		OR PRINT)	mobile	(A3)		
960	2.65	SETBO	A RACE	CHTENEGGER	FEBRUARY 25	1980 7:45P A
- (138.5.	3 SE		1 RACE	5 DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS MIN
The same of	7a B	MALE STATE OR FOREIGN	7). CITIZEN OF WHAT COUNTRY?	Sept. 22, 1919	9 BALTIMORE CITY OR COUNTY	OFDEATH
Part of the state	ď	GERMANY	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore cit	ty
by the fied within	1	Paltimore ,	JOHNS"HOPKINS	GONE OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS OF INDUSTRY
filled in	130	AL RESIDENCE (IF NURSING HOMEOR STATE) TO COM	11		130 STREET ADDRESS	Henhts
sho sho	14. F	ATHER'S NAME	ADOLE	15. NOTHER'S MAIDEN NA		0
omplet and 2		Sebald	Lichtenes	FIRST	Unk. MIDDLE	LAST
9 -0 - 5		WAS DECEASED EVER IN U.S. ARA			ADDRESS	
e be examinated and Pages		Yes W	UTL 18301	2769 Bernice L	ichtenegger Si	4 Kesville, Mc
icate sicia ers. val.		IS CAUSE OF DEATH (Enter onl	y ane cause per line far (a), (b), qn	dicin	17	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificat g physicis n papers. removal. atic every		PART I. DEATH WAS CAUSED	ECAUSE (0) Vonto	ular fibrilla	tiv	
di o bo		1/10	CAOSE 10/	THE OF	HUR LINE VALUE IN	
ne dea attend ve car ition,		Canditions, if any, which	DUE TO, OR AS A GONSEOU	K		100000
the at		gave rise to immediate cause 101, stating the	(0)	0		
the ere		underlying cause last	DUE TO, OR AS A CONSEQUE		ution	
equires signed o pleas o burial injury,	N	PART 2 OTHER SIGNIFICANT C	10)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
or rec	Z					
s be lar nit. The prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
4: The te has permisene p	Ē	55				YING CAUSES OF DEATH?
ifica nsit Hyg	E	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
Ta ta ta	4	OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	AY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
ttendin After t After th at and I marked	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
Z a Cara s			al) attended the deceased from_	2/21 19 80	2/25	19 FD , that (1) (we) la
F O OSI E		saw the deceased alive an	2/25 19	D-D-	death occurred an the date and hou	
DIRE hed for Dept. O		obove, (1) (we) (did) (did not 22b. SIGNATURE) view the bady after death.	DEGREE		22c. DATESIGNED
			Cottral	ATTENDING	MEDICAL STAFF	2/20/17
By the ERAL State State	1	22d. PHYSICIAN'S NAME TYPE OR	(70,000)	PHYSICIAN 1	DIRECTOR PHYSICIAN	195/80
A the day					nume Jortes Ito	OKUNG THERE THE
TO F Should with			TOTTLES MO			2007 000111
	230.	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
BP		Cremation	2-27-80	Silvity Moon Prim	de Calmardi.	Belte- Mc.
DHMH-16 25M	24 F	UNERAL DIRECTOR	-) ADDRES6	25e. 07A	TE REC 9. BY REGISTRAR 251. REGIST	RAR'S SIGNATURE
(VRA 15, 4) 1/79	1	tarry W. May	ht subsirly	That.		11 poly

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	1 - FOR STATE REGISTRAR			HCAL EXAM		ERTIFICATE		U) J	7 3	0		
TO WITHOUT ON THE STORY OF THE STORY STREET, WITHOUT STREET,	TYPE OR PRINT)	ME FIRST WILL	TAM	MIDDLE	T.TG	HTFOOT	20	OF ESTI-	2	2 8 19 80 M NONTH DAY YEAR 9:50 2 8 19 80 P M COUNTY OF DEATH City MD. WORK 12b. KIND OF BUSINESS OR INDUSTRY City of Bal Y Street LAST Greene 20. AUTOPSY? YES * NO []			
ON STRE	male	black	DATE OF BIRTH	YEAR 41 32	RTHDAY) MONT	DER 1 YR. IF UNI		RONOUNCED DEAD	2	8 19 80			
SC PRES	To BIRTHPLACE FOREIGN COUNTRY Marylar	nd	U.S.		8. MARR WIDOW	ED X NEVER MA	ORCED	Baltimor	e Cit	у			
0	Baltim	ı∙re	42 S. E	cility, GIVE STREET ADDI	DDRESS] FOR MOST OF WORKING LIFE)								
	USUAL RESIDENCE 130 STATE Marylar	13b. COUN		13c. CITY OR JOV Baltin	ore	13d. INSIDE CITY LIMIT YES XX NO	□ 501	et ADDRESS Mc Elder	ly S	treet			
8	James	5 I	MIDDLE	Light			lotte	MIDDLE			ne		
1	(YFS, NQ. OR UNK	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NG, OR UNKNOWN) YES Vietnam 16b. SOCIAL SECURITY NO. 215-46-6298 Mrs. Darlene Lightfoot 501 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)											
CREMATION, OR REMOVAL.	gave cause lying c	ions, if any, which rise to immediate (a) stating the <u>under-</u> ause last.	(b)	AS A CONSEQUE	NCE OF	E DR CONDITION GIVEN	IN PART 1 (a).						
PRIOR TO BURIAL, CREMATIC	190. DATE O	OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	'AS PERFORMED?							
3		NAL CAUSE WAS NG OR ITING CAUSE OF I		MONTH DAY	YEAR	OW INJURY OCCU	JRRED (ENTER N.	ATURE OF INJURY IN ITEM 11	B PART 1 OR PA	ART 2)			
		21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION								UNTY	STATE		
E, MARTLAND, ZIZOI		Mound	re of the remains des ral causes A,	Accident ,	Suicide	sy XX. Inspe , Hamicide TITLE (SPECIF A.D. Assista	Y)	Inquiry , o	ond in my as , DATE SIGNE		-80		
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE ! BALTIMORE, MARYLAND, 2	EXAMINER (TYPE OR P 230. BURIAL, CREM (SPECIEY) BURIA	Mary Mary	garita A. 3b. DATE)2-14-19	23c. NAME C	M.D. FCEMETERY C	ADDRESS 11 OR CREMATORY	Penn	Street CATION TO CA	MAR	en/Ass	T ME		
51)	24. FUNERAL DIR		ter 303	5 W. No	rth Av		ATE REC'D. BY	REGISTRAR 256. REC	GISTRAR'S	MATURE CH	ooly		

estation of m • 212 The same same and the same same same



	1.	STATE REGISTRAR			DEPA	CERTIF	ICATE OF D	EATH	REG.	NO.	3 7	2 9
	1. DEG	CEASED NAME	FIRST	٨	AIDDLE	ETT	AST		24 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		MALE THPLACE (STATE OR FOR FOR INTRY) MARYLAND Y OR TOWN OF DEAT ARYLAND HER'S NAME FRIST SAMUEL AS DECEASED EVER IN S, NO OR UNKNOWN) NO RECAUSE OF DEATH PART I. DEATH WA Conditions, if any, gave rise to imme couse Ial, stating underlying couse	ALAN		F.	L	ILLEY			2	17 80	855p
	3 SEX	X		4 RACE	511.55	S. DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAY	
		MALE	TE TAI	WHI	TE	01	21	51		29 YRS		S HOURS MIN
1			A LAN A LAN E (STATE OR FOREIGN 76 C) TLAND DWN OF DEATH 11. If MURE (L) ENCE (IF NURSING HOME OR OTHER BIST MIDDLE MUEL EASED EVER IN U.S. ARMED JUNKNOWN) (IF YES, GIVE WAR OF T. DEATH WAS CAUSED BY IMMEDIATE CA Jons, if any, which rise to immediate Iot, stating the ying couse last	76 CITIZEN OF		RY?	D NEVER M	A DOUGO	9 BALTIMORE CITY			
5		MARYLAND		U.S	. A .	WIDOWE	_	ORCED	BALTIMO	RE	CITY	MI
^	10 C1		EATH .	11. NAME OF H	OSPITAL, NUI	RSING HOME			12ª USUAL OCCUPA			OF BUSINESS OR
8	0			U. of h		ANOH	85 PITA	-	JOURNEYMA			SPAPER
1	13a S	AL RESIDENCE (IF NU STATE	136 COUN	OTHER INSTITUTION, ITY	13c. CITY OR Y		134. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	PRI	ESSMAN	
)	M	ARYLAND			BALTI	MORE	YES 😥	NO 🗌	4630 PARE	TON S	STREET,	21229
	14 FA	THER'S NAME		WIDOLE	LAST			MAIDEN NAM	AE MIDDLE			LAST
0					LIL	LEY	1	ANNA	Mobil			LUDWIG
					166 SOCIALS	ECURITY NO	17 INFORMAL	NT	ADD	RESS		
	, ,		(F 163, GIVE	WAR OK DATES)	214-54	4-1807	CAROL	A. LII	LEY, 4630	PARKT	TON STRE	EET .
		IL CAUSE OF DEA	TH (Enter on	ly one couse per					1000			DXIMATE INTERVAL IN ONSET AND DEATH
			WAS CAUSE	D BY			NOUS IS	EUVELL	/Δ			
		2151	IMMEDIAI				7045					100
		Conditions if on	which	1	R AS A CONSE	OUENCE OF						
		gave rise to in	mmediate) Ib)								
				DUE TO, OF	R AS A CONSE	OUENCE OF						
		PART 2 OTHER SIC	CNIEICANTO	ONDITIONS CO	NITRIBUTING	TO DEATH BUT	NOT PELATED	TO THE TERM	NAI DISEASE OR CO	NDITION (CIVENI INI DART	l/o
	N N	TAKE TO THE ROLL	JIVIII ICAIVI C	ONDINONS CC	JIVI KIDO I SVO	TO DEATH BOT	NOTRELATED	TO THE TERMI	INAL DISEASE OR CO	ADII IOIA	SIVEN IIV PARI	110
	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	206. IF '	YES, WERE FINE	DINGS USED
2	IFIC								YES NOF		TIFYING CAUS	ES OF DEATH?
	ERT	21a ACCIDENT WAS U	INDERLYING	216. TIME O	FINJURY		21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF IN			
		OR CONTRIBUTING			M. MONTH							,
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	ME	WHILE ET NOT	WHILE [7]		EET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR TO	NWC	COUNTY	STATE
		AT WORK	WORK -			m JAA	1 31	1980	" FEB	1 7	10 80	
		22s I certify that (-	- 1		E- 0			leath occurred an the	data and h		_, that (I) (we) los
		above, (I) (we)	did (did no	t) view the body				(our, opinion d	leant occorred on the	dore ond n		
		228. SIGNATURE	Un.		111		DEGREE	TTENDING	MEDICAL ST	AFF	III. DA	TE SIGNED
		0.1	July	nes	MD		F	HYSICIAN [ICIAN 🗗	12/	17/80
		224 PHYSICIAN'S N	NAME (TIPE OF		_		22e ADDRESS	1100	11111-1	/	COITE	2/
		LYNNE	GA	YNES			U. Of	MIK	7 LATUL	110	SPIIM	
	230 B	SURIAL, CREMATION	N, REMOVAL	23b. DATE	7	3c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
		BURIAL		02-20	-80	MEADOW	RIDGE M	EM. PK.	ELKRIDGE	HC		MARYLAND
	24 FL	UNERAL DIRECTOR					21229	25a. DATE	REC'D. BY REGISTRA	R 256. REG	TRAR'S SIGN	ATURE

INC. 4107 WILKENS

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

HUBBARD FUNERAL HOME,

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le vinche I & LL 2 I storic at (it.) () Bats lang Quirerine lang trailing 7 C CO-U -SINGA John hoter, 2016 S. Frank St. 0 OLI Property and Property Control That Bernard Control In the Control Mills a Section, Inc. 1901 Justine Avs. FEB 1.5 1880 And Andrew

DIVISION OF VIT

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				DIA	E OF MARTLAND						
33	1	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 9 6				
		ECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR				
1		Myrtle	. I	Linsen	mever	2	2 80 1:00				
1	3 S	EX	4 RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS				
nce.		F emale	White	3	15 02	77 YRS	MONTHS DATS THOUSE				
a a		SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY?	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH				
: 35		Maryland	U.S.A.	WIDOW		Baltimore City	7				
9//	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF	12h. KIND OF BUSINES INDUSTRY				
15/6		Baltimore	St. Agne	s Hospi		Homemaker					
in The	US1 130	JAL RESIDENCE (IF NURSING HOME OF STATE 133 COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS					
123			timore Arbut		YES NO 🗹	1105 COURTNEY F	ROAD 2122				
X S	14.1	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST				
0330	7	JOHN	KREB		HARRIET		PEACOCK				
OB3C	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS					
the	1	NO NO		6-5212	THERESA STEIN	MMAN 1105 COURTN	NEY ROAD				
val.		18 CAUSE OF DEATH (Enter of	CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).								
emo tic e			ATE CAUSE (0) CLASTS								
on, or rem traumatic		4280									
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF BLO STUSS MEET, Diabelto,								
other		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS								
0 0		underlying cause lost.	DUE TO, OR AS A CONS	SEO DENCE OF	ACCO XNUSDA	ica, Diacus,					
to burial	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)				
prior 1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY? 20b IF YES	S. WERE FINDINGS USED				
Hygiene p m 18 show	FIG	THE DATE OF CHARLES			, The ten divide	IN CERTIF	YING CAUSES OF DEATH				
18 1	- 5	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tale HOW INJURY OCCUR	YES NO YE					
Mental H		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH				•				
o o	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) P.M. 21r PLACE OF INJURY	19	211 LOCATION						
and w	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STA				
E S	1	AT WORK	entally established the deserve of the		11101 1000	2 /5 /	10 8D that (1) (w				
1 7 He	1	saw the deceased alive a	pital) attended the deceased from	04	and that in (my (aur) apinion	death accurred on the date and hou	,				
ltem		obove, (I) (we) (did) (did r 22b. SIGNATURE	not) view the body of ter death.		DEGREE		22c. DATE SIGNED				
MIT THE STATE DEPT		SIGNATURE	ATTURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/2/80								
TAT		224. PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS						
MPORTANT		V. SIVARAMAKE	RISHNAN, M.D.		ST. AGNES 1	HOSPITAL 900 S. C	CATON AVENUE				
3 2	230	BURIAL CREMATION, REMOVA		23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION					
		(SPECHY) BURIAL	02-05-80	NEW	CATHEDRAL	BALTIMORE CITY					
	24	FUNERAL DIRECTOR	ADDRE	2		E REC'D. BY REGISTRAR 256. REGIST					
5 25M 4) 1/79	н	UBBARD FUNERAL		os VILKE		B 4 1980	the Scalredy				
-,,	П	ODDAKU FUNEKAL	HOME, INC. 410	// WILKE	NS AVE.	± 1300 1	1.7.				

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2		FOR STATE			DEPART	MENT OF H	EALTH AND MENT	TAL HYGIEN	FO	3	3	1 5	2
0		REGISTRAR			MEDICAL	EXAMINE	R'S CERTIFICA	TE OF DEA	TH "	REG. NO			4
		CEASED NAME E OR PRINT)		an and	WIDDLE		LAST		20. DATE K	HOWN XX	MONTH	DAY YEAR	26. HOUR
Was Vo		ERNON) Bei	nard			Lipscomb			MATED -	2	- 119 80	0°
F 55	3. SEX		4. RACE	5. DATE OF I	BIRTH DAY YEAR	6. AGE (IN YEAR!		INDER 24 HRS.	2c. DATE	- 03	MONTH	DAY YEA	MA
CALL FEE		male	black		28-56	23 YRS	MONTHS DAYS HO	urs min.	DEAD	2	-1	19 80	0 12:0
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120 × 2 × 2 × 2		U	ld.	4	U.S. A. WIDOWED DIVORCED BALTIMORE CI								MD
GEES SE	10. CI	TY OR TOWN	OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)								BUSINESS
AOATENO	В	altimor	e		yndhurst			POR.	MOST OF WORK	NG LIFE)		OK II 100.	2011
AND SED		AL RESIDENCE	(IF IN NURSING HOME			OR TOWN) 13d. INSIDE CITY LII	112 STD	EET ADDRES	c			
21201 F AND SHOUL REC	130. 3	Mo		411	-	BALTO.	-	0 0 418	Lynk	1.	S	t.	
	14. F/	ATHER'S NAME		WIDDLE	/			MAIDEN NAME		DOLE		LAST	
		FIRST	mon	1 1	scomb	LAST	FIRST	hirlay	, mil	JULE .	Co	le	
202	16a. V		EVER IN U.S. AR	MED FORGES		CIAL SECURITY	NO. 17. INFORMAN	ĬT ,	2	ADDRESS			
LTIN F PFI	(4	L) O	WN) (# YES, GIVE	WAR OR DATES)	219	-62-4	747 Shirley	Libson	amb	418	3 Lux	nhurs	+ St.
		18 CAUSE O	F DEATH (Enter or	nly one cause p	per line for (a), (b), and (c).)						APPROXIM	ATE INTERVAL
PRESTON ST., VITHIN 24 HOL CIL IN TEM 18 INER ALONG ANSIT PERMIT AL HYGIENE, I	1	PARTIDE	ATH WAS CAUSE	D BY:	Cerebra	al anox.	a					BETWEEN ON	SET AND DEATH
TON 1 24 ALOIN PER 1.		7/	3 9 IMMEDIA		O, OR AS A COI			n - Fa E		5 11 15			
RESITHIR ITHIR NSII			ns, if ony, which		from c	ompress	on of neck						
W. P. ENG.		cause (a)	se to immediate stating the <u>under</u>		O, OR AS A CON								
CUTEC IN PE IN PE ID ME ID ME		lying cou	ese last.	(6)								-	
SS, 3		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH BUT NOT REL	ATEO TO THE TERMIN	AL DISEASE OR CONDITION GIVE	EN IN PART 1 (a).					
L RECORDS, 301 W. PRESULD BE EXECUTED WITH "PENDING" IN PENCIL IN "PENDING" IN VERNIL IN FE MEDICAL EXAMINER SED AS A BURIAL TRANS HEALTH AND MENTAL IN CREMATION, OR REMOV.	Z	1000		137									
REA PEN	F	19a. DATE OF	OPERATION	19b. C	ONDITION FOR	WHICH OPERA	TION WAS PERFORMED)?				20. AUTOPS	Y?
₹ SEES	CERTIFICATION											YES X	X NO 🗆
N OF VITA ICATE SHO THE WORD THE CHO DUID BE U TIMENT OF	1 8		L CAUSE WAS		ME OF INJURY	DAY VEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PAR	RT 2)	
CERTIFICA TING THE DED TO THE DED TO THE DEPARTMENT OF PRIOR TO B		CONTRIBUTION	OR NG CAUSE OF	DEATH 11:	45 PM 1	/31 1980	prolonged	restra	ining	maneu	ver		
DIVISION S CERTIFIC STITING TH RDED TO FE 3 SHOUL E DEPARTI	MEDICAL	21d INJURY C	CCURRED	21e. P	LACE OF INJURY	(AT HOME,	21f. LOCATION	A FELLER			-		
	X	WHILE AT WORK	NOT WHILE (EET, FACTORY, FARM, I	ETC.}	418 Lyndh	urstAve	nue Ba	lto C:	ity.	MD	STATE
PAN Y			fy that I took char		ing along the all also	aus bald as		spection .	Inquiry		in my opi	inion	
A S S S S S S S S S S S S S S S S S S S	6	death result		ouses	Accident				ermined mar		I III IIIy opi	inion	
EXAMII CERTIFIC ULD BE DIRECT	4	death result	ed from: / giny.	ouses L	Accident	AA SUIC			erminea mai	iner,			
EX DUIC PUIC WARR	1	ACTUAL	JAK.	JU.	aro		TITLE (SPEC	stant	NC 41 EV 441	1.150	DATE	2/	1/80
ICAI SHC SHC ERAI EATH		SIGNATURE		-	11010-0		M.D		DICAL EXAM		SIGNE		
WED WED	1	EXAMINER'S (TYPE OR PRI	NAME Hor	mez R.	Guard, M	I.D	ADDRESS	lll Penr	Stre	et,Bal	to.,	MD 2120)1
TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN AFTER DEATH BAITMORE, M. BAITMORE, M.	23a.B		TION, REMOVAL	23b. DATE	23c.	NAME OF CEMI	TERY OR CREMATORY	[23d, LC	CATION			170	
O DD		R. C:	A	2-5-8	Rn 1	H. Auch	URN CEM	Спу	BAL	70.	Md		STATE
20 7 BP	24. F	UNERAL DIREC	TOR	~ ~ C		HILIAR	250.	DATE REC'D. B	Y REGISTRAR	25b.	down	precio	dy
(VR A15 ME (5))	1/2	PAME	Bailen	1349	3 COLHI	NIN S	T	FFB 4	1980	-	1		/

L. Paris and the second

00	i. DE	FOR STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
6.3	{TYPE	Byron	Harry	Livingood Livingwood	February 6,	12:50r
rs af I	3 SE	Male	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 9 18 1911	6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
death of 72 hou		RTHPLACE ISTATE OR FOREIGN DUNTRY) Pennsylva.	7) GITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (YOF DEATH City MD.
EOR OF THE COLUMN THE		Baltimore	The Johns	Hopkins Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE POULTYMAN	126 KIND OF BUSINESS OR INDUSTRY Poultry
AND 21201 Third hould be used with the fried with	13a S	AL RESIDENCE (# NURSING HOME STATE 136 COL 2 Laware Su	OR OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION) R TOWN 134. INSIDE CITY LIMITS?	136 STREET ADDRESS RD#1 Box 528	3
E, MARYLAND 2120 recuted within 24 hou completely hilled into 1 and 2 should be fried needed by sample must	14. FA	THER'S NAME FIRST Harry	MIDDLE LAS	ingood Ellen	WIDDLE	Bollinger
BALTIMORE, Ificate be executive to be executed by secial and copers. Pages 1 oval	and I	VAS DECEASED EVER IN U.S. A res, no or unknown) (# yes, Gi	WE WAR OR DATES)	15 B. Thomas	ADDRESS Livingood Li	
physician papers. removal.		PART I. DEATH WAS CAUS	only one couse per line for (a), (SED BY, ATE CAUSE (a)	Andiografic shock	· ====================================	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the death of the attending move carbon or intending impact of the traumation, or intending the traumation, or intentraumation, or intentraumatio		4140 Canditions, if any, which	DUE TO, OR AS A CON	SCHIEFFIC HEADT DIS	sall.	
es that the dby the asseremovial, cremay, or othe		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEOUENCE OF		
bur ble	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
I: The law tehas been permit. The law shows an ishows an	CERTIFICATION	2-3-80	I'M CONDITION FOR Y	APILA ODEKUTIONAN PLEUDENED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SICIAN VSICIAN		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D HE EITHER, NOTHY MEDICAL EXAMINE	216 TIME OF INJURY HOUR A.M. MONT	21c HOW INJURY OCCUR	RRED JENTER NATURE OF HUJURY IN ITEM 18,	PART I OR PART 2)
DIVISION C DING PHY attending ph After this c st the burial- ith and Men marked or i	MEDICAL	214. INJURY OCCURRED WHILE AND NOT WHILE	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or o		22a I certify that (I) (this bas saw (the deceased alive to	pital) attended the deceased on	from 19 80 and that in (my) (aur) apinion	to 7 - 6	ur and from the causes stated
DOING DOING		27% SIGNATURE	- 5.16.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICAN	2-6-80
HOSPIT ined by FUNER FUNER of the Sta		220 PAYSICIAN'S LAMETITYPE		LACH SSETTOWERS.	2413190/1	
Bb————————————————————————————————————	230	SURIAL CREMATION REMOVA	, , , , , , , , , , , , , , , , , , , 	23c NAME OF CEMETERY OR CREMATORY Cape Henlopen Cr		county STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	INERAL DIRECTOR	rance Seve	Ess My Med 256 DA	TERECO. BY REGISTRAR 256. REGIS	TRAN'S SIGNATURE

(VRA 15, 4) 1/79

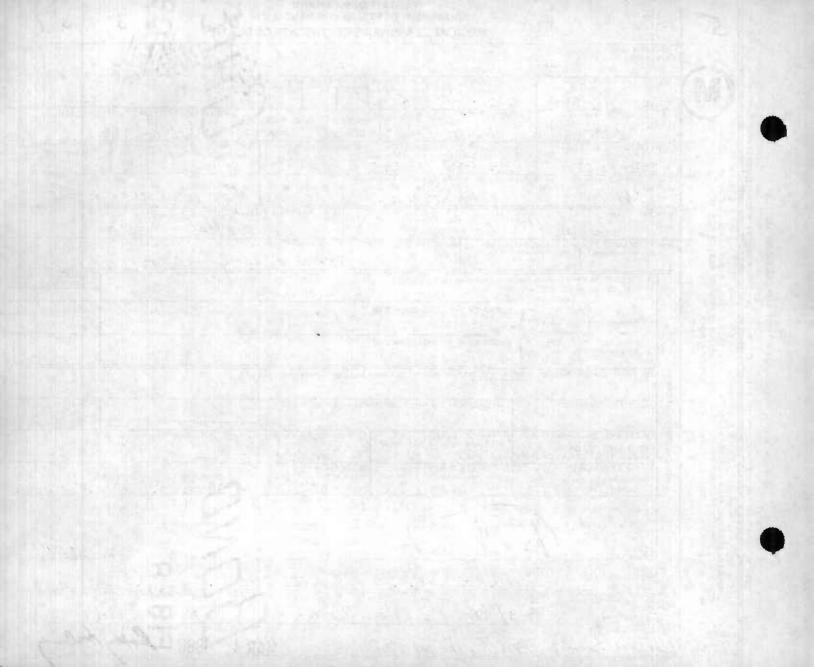
- S	FOR STATE REGISTRAR			EALTH AND MENTAL HY R'S CERTIFICATE OF	9.0	0 3	9 6	3
1. DEC	CEASED NAME FIRST E OR PRINT)		AIDDLE T.(LAST OCKLEY	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH 2	DAY YEAR 14 19 80	26. HOUI
3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	нтиом	DAY YEAR	E21121
_f	emale black	MONTH DAY	YEAR LAST BIRTHDAY) 66 YRS.	MONTHS DAYS HOURS	PRONOUNCED DEAD 9. BALTIMORE CITY	2	14 1980	p _v
FOR	RTHPLACE (STATE OR REIGN COUNTRY)	USA	NU S	MARRIED NEVER MARRIE			TOPPEATH	M
10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACIL	TAL, NURSING HOME, O	OR OTHER INSTITUTION	12g. USUAL OCCUPATION () FOR MOST OF WORKING LIFE)		OR INDUST	USINESS
B	Raltimore	1110 W.	Lafayette	Avenue				
i3e. ST			Balto.	13d. INSIDE CITY LIMITS? YES NO N	13e STREET ADDRESS 110 W. Lafa	ayette	Ave.	
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME		LAST	
	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY N 219-30-758		ADDRE	ESS		
	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		or (a), (b), and (c).)				APPROXIMAT BETWEEN ONSE	TE INTERVAL
	Conditions, if ony, which	DUE TO, OR A	S A CONSEQUENCE OF	ic cardiovasou	rar disease			
	gove rise to immediate cause (a) stating the <u>under</u> lying cause last.	< ' '	S A CONSEQUENCE OF					
z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a).			
ATIO	196. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY	1?
TIFIC		TA			F		YES 🗆	NO X
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NJURY MONTH DAY YEAR	21c. HOW INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PAR	RT 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		INJURY (ATHOME,	2 If. LOCATION STREET	CITY OR TOWN	cou	UNTY	STATE
	22a. I certify that I took char	F		Autopsy , Inspection	X, Inquiry ,	ond in my opi	inion	
	death resulted from: Natural	urol causes X.	Accident, Suici	de, Homicide, TITLE (SPECIFY)	Undetermined motifier	,		
	ACTUAL SIGNATURE	Juliu		M.D. Assistant	MEDICAL EXAMINER	DATE SIGNEI	2-15	-80
	0							
	EXAMINER'S NAME HOT	mez R. Gua	rd, M.D.	ADDRESS	Penn Street			
23a. Bl	SPECIFY)	23b. DATE		ADDRESSETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN		STATE
(5	URIAL, CREMATION, REMOVAL			ADDRESSETERY OR CREMATORY	-			STATE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ED IN 18 BOOK STORY TO BE IN THE STORY				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X FIRST DECEASED NAME MONTH DAY 26. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Terry 2819 80 Long 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. DAY 2d. HOUR IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED 4:30A DEAD Male Black 4. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1 FOREIGN COUNTRY WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore City STUDENT University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES I NO [] SALTU. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ŁAST **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. PAGES (YES. NO. OR UNKNOWN) CIEVES GIVE WAR OR DATES APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) Gunshot wound to neck DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A I CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO 1 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING XOR MEDICAL 8:40 P.M. 2 27 1980 CONTRIBUTING CAUSE OF DEATH subject shot PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 1034 N. Calhoun St., Balto.City. alley rear of 220. I certify that I took charge in the remails to erribed above, held an Inspection Inquiry and in my apinian Homicide X FUNERAL DIRECT TER DEATH, WITH T Undetermined manner deoth resulted from: TITLE (SPECIFY) ACTUAL Deputy Chiefiedical EXAMINER 2/28/80 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto. MD. (TYPE OR PRINT) 0 230 BURIAL CREMATION REMOVAL 235 DATE 23c. NAME OF CEMETERY OR CREMATORY DUR 250. DATE REC'D. BY REGISTRAR 1256. REG 24. FUNERAL DIRECT **DHMH-17** VR A15 ME (5)} 15M 7/76

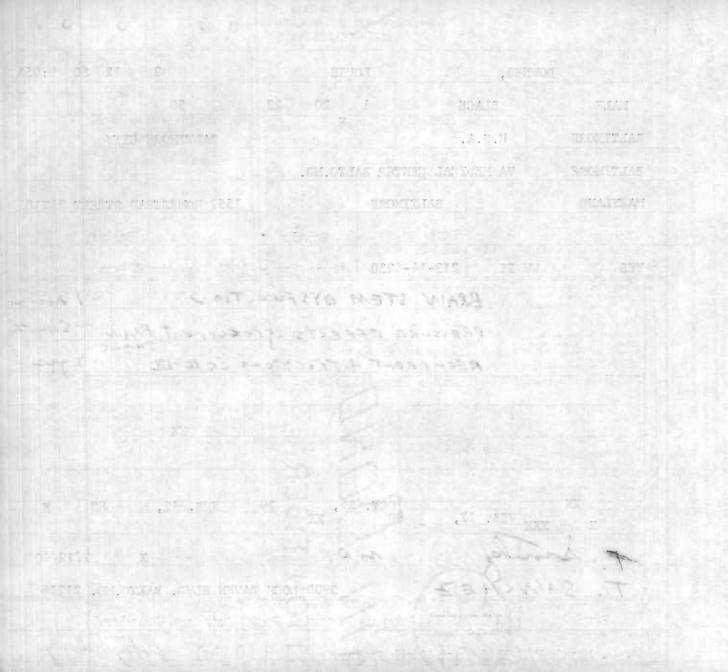


4107 WILKENS AVE.

(VRA 15, 4) 1/79

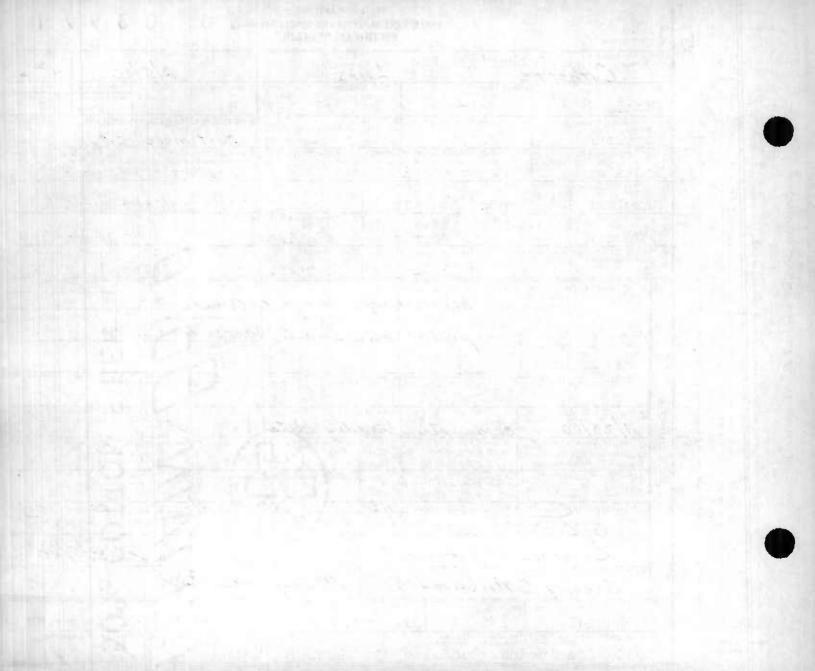
HUBBARD FUNERAL HOME INC.

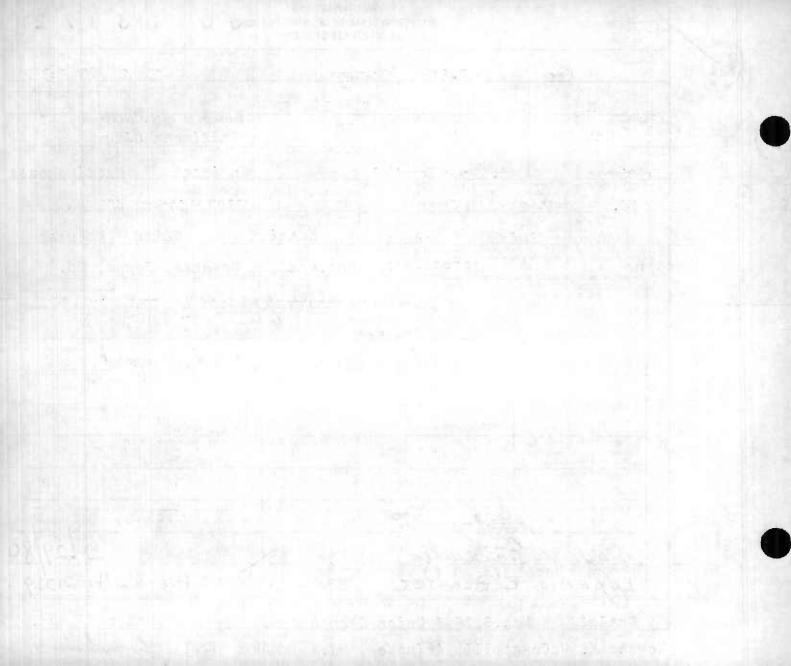
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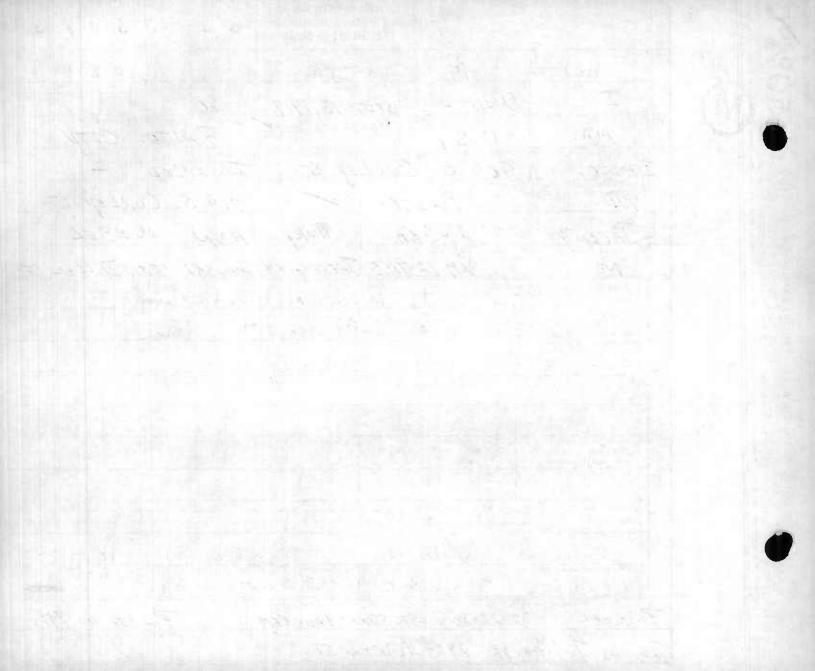
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6	, 1	FOR - STATE REGISTRAR		DEPARTA	MENT OF HI	OF MARYLAND ALTH AND MENT CATE OF DEAT		REG. NO	0 3	9 7	ļ
p p		DECEASED NAME FIRST (YPE OR PRINT) Cather	Catherin	e Ann	Lun	Lyon	2a. D		AONTH DAY	YEAR 2b	4 30 AM
woy	3.	SEX	4 RACE		S. DATE O			E (IN YEARS LAST BIRTH	DAY] IF UN	DER I YEAR IF	UNDER 24 HRS
9e 4		Female	Whi	te	4 4		929	50	YRS	HS DAYS H	IOURS MIN
o l	70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRI	n DA	LTIMORE CITY OF	COUNTY OF	DEATH	
nera n 72	5	Maryland	U.S	.A.	WIDOWE			Baltimo	ore ci	tu	MD.
of the for	0	CITY OR TOWN OF DEATH Baltimore	11. NAME OF H		ADDRESS)	OTHER INSTITUTE	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	BUSINESS OR
be fill	US	UAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION					eg. Nurs	se j.	Mercy	Hosp.
hould b	5		ltimore	Dundal	- 1	13d INSIDE CITY LIA YES NO	x 1:	TREET ADDRESS 939 Hase	elmere	Raod	
and 2 s	0	FATHER'S NAME FIRST Jetson	MIDDLE	Norri	s	15. MOTHER'S MAIE FIRST Madeli		WIDDLE	Go	ldsbo	rough
d co es l	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	1 ⁵ 939 H	aselm	ere Rd
Pog med	4	NO		212-32-	2003	Robert	L. Lv		Balto.		
has been signed by the permit. Then please reneme prior to buriol, cremows any injury, or other	NOLLANDIN	pare rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	TCONDITIONS CO		DEATH BUT	I WAS PERFORMED		AUTOPSY?	206. IF YES, WE	RE FINDINGS	
ertificate ial-transit ntal Hyginem 18 she		00.000.000.000.00	DEATH HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRED (NTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
ter this ce as the buria h and Men	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			21f. LOCATION STREET		CITY OR TOWN	ч с	OUNTY	STATE
at DIRECTOR: At efacthed for use of the Dept. of Health. It If Item 21 is ma		22a.t certify that (1) this has sow the deceased alive abave (1) we) Gid (did 22b. SIGNATUSE)				- Company	DING ME	occurred on the dot	te and hour and		
TO FUNERAL should be del with the State		Gregory	1 11	ormac.	K	22e ADDRESS Merc	y H	spetal	3		
BP		BURIAL, CREMATION, REMOVE Burial	2/8/	80 Oa		METERY OR CREMA	erv	LOCATION CITY OR TOWN Baltimo	re Bal	timor	e, MD
NH - 16 50M 1/76 IVR A 15 (4))	24	FUNERAL DIRECTOR Duda			MD	21222	FEB REC	8 1980	SYLREDYCHAY	881CH LIVE	dy





	1			STAT	E OF MARYLAND			
6	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	GIENES ()	0 3 9	7 3
		CEASED NAME FIRST	MIDDLE	ī	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
1 11		HELEN	/// .	M	AZKA		2/20 80	9 A M
(M)	3 SE	F	WHITE	5. DATE C		6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
1 1 3S		RTHPLACE (STATE OR FOREIGN)	U.S.A	MARRIEI WIDOWE		BALTIMORE CITY OF	COUNTY OF DEATH	W MD.
201 rs off	4	BALTO,	GO 9 5	ESTREE ADDRESS)	EY ST.	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFET INDUSTRY	OF BUSINESS OR
AND 2120 n 24 hours if illed in by hould be file	130.5	AL RESIDENCE (IF NURSING HOMEORO	THER INSTITUTION, GIVE RESIDENCY	R TOWN	13d INSIDE CHYLIMITS?	13e STREET ADDRESS	Curly	57.
MARYLAND ted within 24 completely filled and 2 should becomined must	-	JACENTY	DDLE MAJ	KA	15 MOTHER'S MAIDEN NA	ANN	WEBER	ė
BALTIMORE, cote be execut cote be execut cote be execut copers. Pages I wall it, the medical		VAS DECEASED EVER IN U.S. ARM (es, no or unknown) (1F yes, give v	ED FORCES? 166 SOCIA	2-9155	THEREST HE	TMENSK!	28/8 Dill	ZN ST.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	to M	yocardial	Infanct	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
W. PRESTON ST., In the death certifut the attending phere are corbang cremation, or remo		Conditions, if any, which gave rise to immediate)	Temos	desotic C.	U. Diseo	ce	
201 W. Fes that the med by the please re urial, crem	1	couse (a), stating the underlying couse last	DUE TO, OR AS A CON	PER T	ENSION			
RDS, 2	Z	PART 2. ÖTHER SIGNIFICANT CO	onditions <u>contributin</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PART 10	a
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physicion. Wher this certificate has been sign os the buriof-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDING CAUSES YES	
SION OF VITA	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
DIVISION ING PHYS r attendin where this consiste bus the bus the day of the bus orked or I	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ATTENDINI Spital or c		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)	218	(10	, 19, 19	, ta		that (1) (we) last causes stated
on her her		22b. SIGNATURE Bena	& shale	w MO.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	220. DATE 2 2 2	SIGNED
TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR F	SLUSB	ER G	120 ADDRESS 4940 8 a	stem A	re Bal	7. 21224
0101	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	A 21411
OJO BP	7	DURIAL	2-22-80	ST-STA	UIS LAUS CEPT	7.	5ALTO 40.	170
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7 1	1	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MI		ENE 8 () REG. NO.	0 3	974
-			CEASED NAME FIR	ST	MIDDLE	ı	AST	-1	20. DATE OF DEATH MONT	H DAY Y	EAR 26 HOUR
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(B.B)		3. SE	(4 RACE	TO THE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	
MI)			MALE	1	HITE	07	17	19	60	YRS	DAYS HOURS MIN
			RTHPLACE (STATE OR FOREIG	N 76. CITIZEN O	F WHAT COUNTR	Y? 8	NEVER MA		9 BALTIMORE CITY OR CO		TH
272	25		ARYLAND	1	J.S.A.	WIDOWE		ORCED	BALTIMORE		MD.
by the fur filed within	40	10 C	TY OR TOWN OF DEATH	11. NAME O	FHOSPITAL, NURS UCH FACILITY, GIVE STRI GNES HO	SING HOME (R OTHER INSTIT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR CIVIL SERVIO	KING LIFE) INDU	IND OF BUSINESS OR
be be	-	USU.	AL RESIDENCE (IF NURSING H			ORE ADMISSION)	13d INSIDE CITY	VIIIAITEO I	13e STREET ADDRESS		03102 001110
ould b	35		1.00	ALTIMORE	LANSDO			10 K	242 LAVERNE	AVENUE	21227
2 sh			THER'S NAME				15 MOTHER'S A	MAIDEN NAM	NE .	III DITOL	
puo	02/		RAYMOND	A .	MA LECK	т	FIR	CELLA	MIDDLE	МΔ	RKOWSKI
. 0	47		AS DECEASED EVER IN U	S ARMED FORCES			17 INFORMAN		ADDRESS		BEACH, MD.
e medi	Chillian	()	NO OR UNKNOWN) (IF Y	'ES, GIVE WAR OR DATES)	218-03	-7375	DONALD	MALECH		L ROAD	21122
ovol.			18 CAUSE OF DEATH (E) PART I. DEATH WAS O	nter only one couse p	er line for (o', (b),	and Ic				BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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otte			Conditions, if ony, wh		Cirrho	si's M	- the 11	ver			
remo	80			the DUE TO.	OR AS A CONSEC	UENCE OF) /				
ol, c			underlying couse lo	ost. (c)_	Chroni	c alu	holism				
buri buri		7	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING T	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PA	ART 1(o
or to		ō	None								
prints any	G	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHIC	CH OPERATIO	N WAS PERFORA	WED	20a AUTOPSY? 20b.	IF YES, WERE F CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
it pe	1	TIF							YES NO	YES 🗌	NO 🗆
Hyg 18 s			210. ACCIDENT WAS UNDERLY		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PA	ART 2)
vial-transi tental Hygi tem 18 sh	1	CAL	(IF EITHER, NOTIFY MEDICAL EX	OI DEATH	P.M.	19					
o X	914	MEDICAL	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE	E EADM STC \	21f. LOCATION	1	CITY OR TOWN	COUN	ITY STATE
alth and marked		Σ	AT WORK NOT WHILE		STREET, FACTORY, OFFIC	E, FARM, ETC.)			Λ		31712
se o rolth			220.1 certify that (I) (this	hospital) attended	the deceased from	E	9	19 40	10 Feb 27	19 83	that (I) (we) lost
of Ho			sow the deceased of	ive on February		80	nd that in (my) (a	ur) opinion d	eoth occurred on the date or	nd hour and fro	im the couses stated
REC.			obove, (I) (we) (did) (22b. SIGNATURE	dra her) view the boo	dy offer deoffi.		DEGREE			22c.	DATE SIGNED
TO FUNERAL DI should be detach with the State De IMPORTANT: If II			Bruce	Kill Ed	inday	M	Nº PH	TENDING TYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
JNE J be S be	1		22d. PHYSICIAN'S NAME				22e. ADDRESS				
houle with 1	-			Bruce	McCurd	У	900	CATON	AVE BALTI	MORE M	D 21229
E 43 3 ₹		23a. E	SURIAL, CREMATION, REM	OVAL 236. DATE	23	c. NAME OF C	EMETERY OR CR		23d. LOCATION	COUNTY	STATE
			BURIAL	03-	03-80	LOUI	ON PARK		BALTIMORE	CITY	MARYLAND
6 50M 1/76		24 FI	JNERAL DIRECTOR		ADDRESS		21229		REC'D. BY REGISTRAR	EGISTRAR'S EL	GNATURE
VR A 15 (4))		Н	UBBARD FUNER	AL HOME,		7 WILKE	INS AVE.	FEB	2 9 1980	7	-0000

BALTIMORE HEST AGNES HOSPITAL A WAS TOWN THE PROPERTY. STATE OF THE STATE

N	1-	FOR STATE REGISTRAR	DE	PARTMENT OF I	FICATE OF DEATH	GIENE 8 ()	0 3 9 7 5
	I. DE	CEASED NAME FIRST OR PRINT) Bertha	MIDOLE E	M	G n n	20 DATE OF DEATH	MONTH OAY YEAR 26 HOUR 130 A M
	3 SE	Female	RACE auc.	5 DATE MONT	of Birth 7, 1884	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
1 11 .	7a. BI	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COU			9 BALTIMORE CITY	OR COUNTY OF DEATH
Service of the servic	C	Maryland	U.S.A.	WIDOW	D NEVER MARRIED	Baltimor	e Cotv.
be for	10 C		1. NAME OF HOSPITAL, N	TURSING HOME		120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR
201 us offer filed w		Baltimore	Baltimore C	ity Hosp	ital	Never Wo	of working life! INDUSTRY
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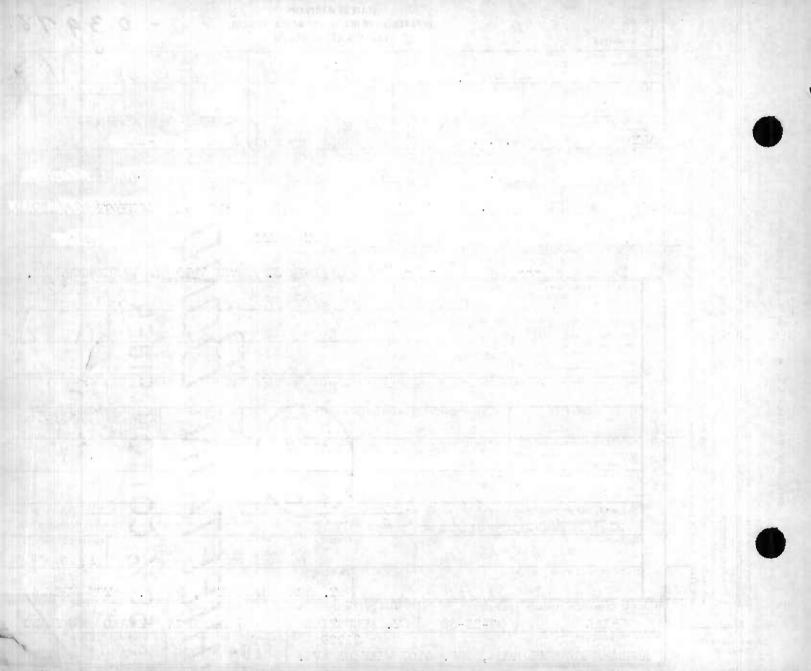
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V	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES O 3 9 1 7 CERTIFICATE OF DEATH REG, NO.
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Tr, BALT	18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).1 PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)]
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R ATTENDIN hospital or IRECTOR: Af hed for use or ept. of Health	220.1 certify that (I) (this hospital) attended the deceased from 19 0, to 19 0, that (I) (we) lost saw the deceased alive an 19 0, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not view the bady after death.
0 9 0 0 5	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN V 2//7/80
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BP	230, BURIAL CREMATION, REMOVAL 235. DATE 23 Feb. 80 Brooklyn Heights Cem. Cleveland, Ohio
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME ALLENE 0. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ALLENA. MARCUS DEATH MATED 80 19 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 8 H30 2c. DATE PRONOUNCED female SEPT.22,1942 37 white 19 80 In BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) NEW YORK USA DIVORCED XXX Baltimore City WIDOWED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore Such Faculity Give street address)
Public Health Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 16 HICKORY DR. GREAT NECK NEW YORK 14 FATHER'S NAME PAGES 1 AND 2 15. MOTHER'S MAIDEN NAME MIDDLE RUBIN SYLVIA SHENKEL BERNARD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT NASSAU NORTHOREMAPEL (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 55 N. STATION PLAZA, GREAT NECK, NY 11021 094-34-4863 NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO | 3 SHOULD BE DEPARTMENT 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING & OR subject jumped out of window MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 211. LOCATION 21e PLACE OF INJURY (AT HOME. west parking lot 3100 Wyman Pk. Drive Baltimore, Maryland AT WORK AT WORK AL DIRECTOR: P TH, WITH THE ST , MARYLAND, 21 Autopsy 220. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Suicide K Accident Undetermined monner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA Assistant MEDICAL EXAMINER 2-5-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY NEW YORK REMOVAL/BURIAL FEB.7,1980 BETH MOSES PINE LAWN 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REAL THANS 519 **DHMH-17** SOL LEVINSON BROS., INC. (VR A15 ME (5)) FEB 7 1980 15M 7/77 6010 REISTERSTOWN RD BALTO, MD

0,00 U. C. 1. ... FEB.7 1980 Property

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME TYPE OR PRINTS ERA 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR To BIRTHPLACE OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED XX DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITAL AT HOME HOUSEWIFE JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1ST FL. 13a STATE 13h COUNTY 1130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE YES XXX NO ROGERS AVE. #21215 3401 W. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST MORDECAI RUTENBERG ANNA UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. SELMA WETNBERG 130 RICHMOND (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NO 216-07-3604D PLACE LAWRENCE NY 11559 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: PRESTON ST. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DIVISION OF VITAL RECORDS, 201 W. underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTR CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) energied sow the deceased alive on. ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGRE 22c. DATE SUGNED ATTENDING STAFF MEDICAL DIRECTOR | PHYSICIAIT PHYSICIAN MPORTANT The ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE (SPECIFY) BURIAL FEB. 24, 1980 BALTIMORE HEBREW BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 60M 1/75 (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO

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3	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 0	3 9 8 2
nay be page 3 death	{TYPE	CEASED NAME SAFIRST	ES MIDDLE	MASON		DAY YEAR 26 HOUR 5 A M
Page 4 mater ce.	3. SE	Male	Negro Negro	DATE OF BIRTH MONTH 13 1912	6. AGE (IN YEARS LAST BIRTHDAY) 6.7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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cuted wi		ATHER'S NAME FIRST	MIDDLE LAST	IS. MOTHER'S MAIDEN NA FRIST Blanche	WIDDLE	Dyson
te be exe ian shift. Print i	(VAS DECEASED EVER IN U.S. AI yes, no or unknown) NO	RMED FORCES? 166 SOCIAL SECTION 216-10		Mason 813 Abbo	tt Court
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician site completely littled in as the burial certificate many lease remove carbon papers. Paper I and Thousand in the hand Mental Hygiene prior to burial, cremation, or removal. marked or item 18 shows any injury, or other traumatic event, the marked and the marked or item.			DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	sence OF Dermatil	ia	3 days 2 weeks
CIAN: The law requires ician. Ificate has been signed Insit permit. Then pleas Hyglene prior to burial m 18 shows any injury,	CERTIFICATION	Severe Ch	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM LUM PILLUS HOLL OPERATION WAS PERFORMED	1200 AUTOPSY? 1200 TO YES NO YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
DING PHYSICIAN: tending physician. After this certificate is the burial-transit pe th and Mental Hygier marked or Item 18 st	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH D	19 711 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, I	COUNTY STATE
a hospital or Hea 21 is		saw the deceased alive ar	ortal) attended the deceased fram	DEGREE ATTENDING	death accurred on the date and had	19, that (I) (we) last or and from the causes stated 22c. DATE SIGNED
TO HOSPIT TO FUNER should be de with the Sta	23a E	BURIAL, CREMATION, REMOVAL SPECIFYI BUrial	1 23b. DATE 23c.	170 ADDRESS 3809 NAME OF CEMETERY OR CREMATORY	Green mous 134 LOCATION CITY OR TOWN	AVE BOLTE
DHMH-16 25M (VRA 15, 4) 1/79	24. FI	UNERAL DIRECTOR M.**C. March	ADDRESS	altimore Cemeter 150 DA North Ave.	FB 2 5 1980	RAN'S SIGNATURE

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19	-	FOR STATE	DEPARTMENT OF HEALTH AND I	
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	(IAI)	1 DECEASED NAME FIRST	MIDOLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
			MBUR Wilbert MASON	2 6 80 3:50P M
	moy moy	3 SEX	4 RACE 5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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	h. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER A	MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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	with with	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
5	S S S S	BALTIMORE	VA MEDICAL CENTER BALTO.MD	Retired
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LAND	musi musi	MARYLAND	Baltimore YES X	NO 3316 BEECH AVENUE 21211
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RE, 1	To to	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMA	
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1		23a. BURIAL, CREMATION, REMOV		CITY OR TOWN COUNTY STATE
300	9 BP	Burial	Feb. 9,1980 Lorraine Park	
DI	HMH - 16 60M 1/75	24 FUNERAL DIRECTOR	ADDRESS	250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S AGNATURE
	(VR A 15 (4))	A. Alan Seitz F	meral Home 3818 Roland Ave.	1500 1000

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME 20 DATE OF DEATH MONTH YEAR LIYPE OR PRINTI 13 8C 3 SEX AGE LIN YEARS LAST BIRTHOAYS IF UNDER 24 HRS 14. 1901 White Sept. Female BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED USA Maryland BALTIMORE CITY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Own Home UNION MEMORIAL HOSPITAL BALTIMORE, MARYLAND 21201 BALTIMORE ISUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore W. University Pkwy. Maryland 807 YES X I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDOLE Watts Turner Myra G. Edward 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR OATES) Same 2011 Charles A. Masson APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CARDIDPUL MONARY MINUTE. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ROBAKL gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY à IN CERTIFYING CAUSES OF DEATH? NOF YES SE NO P YES T 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (1) this haspital ettended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1)(we) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN be S 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS dd k MPORT UNION MEMORIAL HOSPITAL PATRICIA DISHAROON, M.D. 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Md STATE Burial Pikesville. Druid Ridge 2/16/80 BP Henry W. Jenkins & Sons Co. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 sialready 21212 (VRA 15 (4)) York Road Balto., Md.

STATE OF MARYLAND

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requires that the death certificate be executed within 24 hou

page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the busiol-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or ather troumatic event, the medical

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SE)	ale	4	RACE Whit		5. DATE C	14, 1910 YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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2	I	TY OR TOWN OF DEA		Key	Circle He	Spice	DR OTHER INSTITUTION	Mechanic	ATION STOF WORKING L	12b. KIND (INDUSTRY	OF BUSINESS OR
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	16a W	AS DECEASED EVER I	N U.S. ARMI		213 05 0		17 INFORMANT Ruth Louise A				
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	BU BU	ineral director	ral Ho	me, 36			25a DAT	B 5 1980	AR 736	May sent	The same of the sa

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

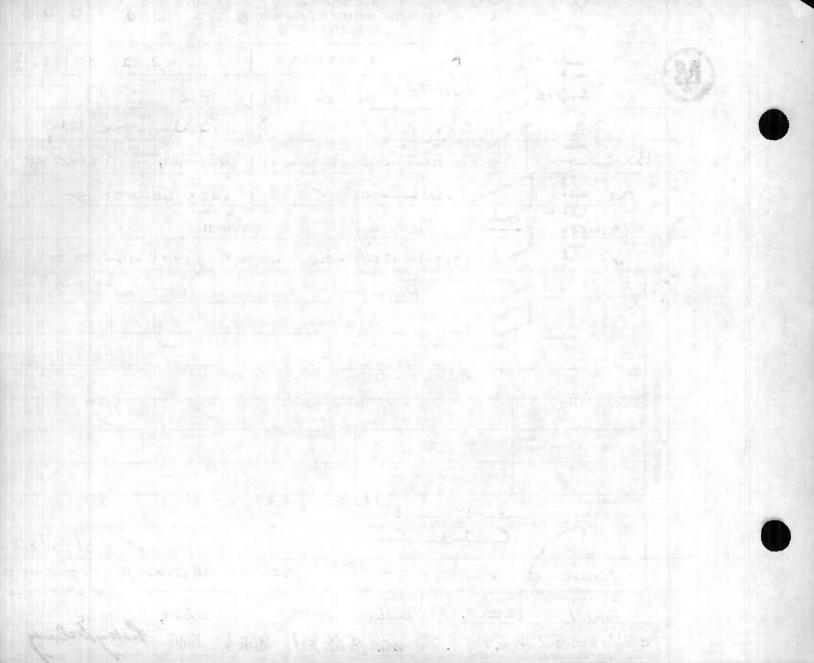
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io E		220 1 certify that (1) (this hasp	utal) attended the dec	reased from 7_	127	19. 80	10 7 2 2	7 10	80	that (1) (we) last
5		sow the deceased alive or	2/27	19 80	, and that in (my) (au		ath accurred on the do	ate and hour a		
E S		above, (1) (we) (did) (did no	of view the body ofter	death	DEGREE				22c. DATE S	SIGNED
± ±		Flow 2 DG	21/25/	TIND	ATT	ENDING	MEDICAL STAF		7/2	7/80
Z	1	22d PHYSICIAN'S NAME (TYPE	OP PRINT)	100	22e ADDRESS	YSICIAN L	DIRECTOR PHYSIC	IAN 💆	1-/-	1100
MPORTAN		JITS 2.				ITAOR.	LL INSPITA		3	
IMPORT	23 a	BURIAL, CREMATION, REMOVAL		23c. NAME	OF CEMETERY OR CRE	EMATORY	23d. LOCATION CITY OF TOWN		YINUC	STATE
		Burial	3/3/80	King	Memoria:		Baltimo	re C	0.	MD
75		UNERAL DIRECTOR		4000555		25a. DATE F	REC'D, BY REGISTRAR	256. REGUERA	R'S SIGNATI	JPS
))	Wm	. C. March F	/H 1101	E. Nort	h Ave.		0 0 1000	Bris 4	Bu /KE	Cready

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 26 DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINT JULIA MATTHIAS 80 AM 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F UNDER 24 HRS YEAR HOURS 09 06 T881 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPEOF WORK POR MOST OF WORKING LIFE) NOX Factory SOUTH BACTIMORE GENERAL M DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e STREET ADDRESS 13d INSIDERITY LIMITS? 1423 HANDUER 37. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME UNK MIDDLE LAST Unknown harles 160. WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-10-43 801 MELEN 423 MANDUER ST NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20g. AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES IT NO NO F 216 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. OR CONTRIBUTING TO CAUSE OF DEATH MONTH DAY YEAR ntal MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 10 220.1 certify that (1) (this haspital) attended the deceased from, .2/ 80 saw the deceased alive an , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME PRINT) 22e ADDRESS ld b MONE SUDER 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE (SPECIFY) STATE emeteru BP. Baltimore 24. FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 50M 1/76 Mc willy Funeral Home, 130 E. Font Avellet 1980 MAR (VR A 15 (4))

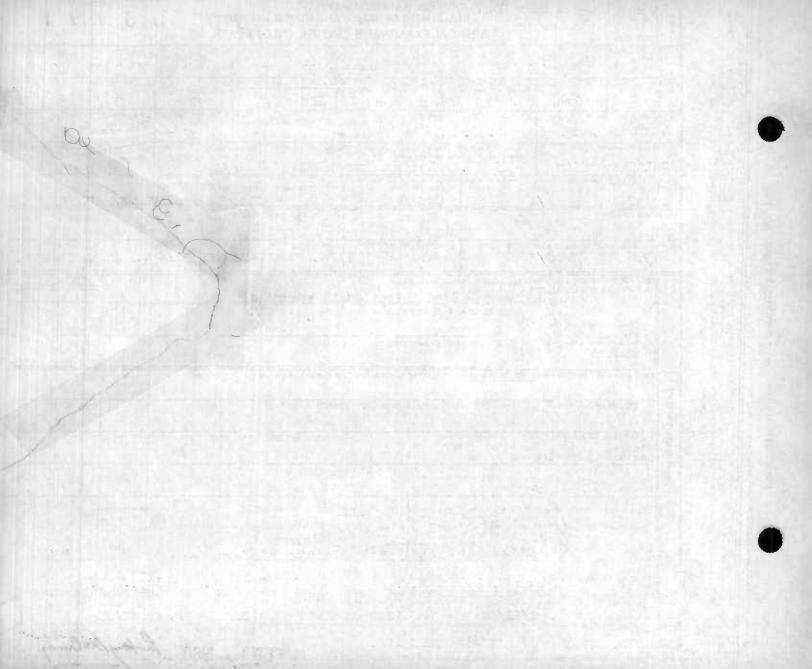


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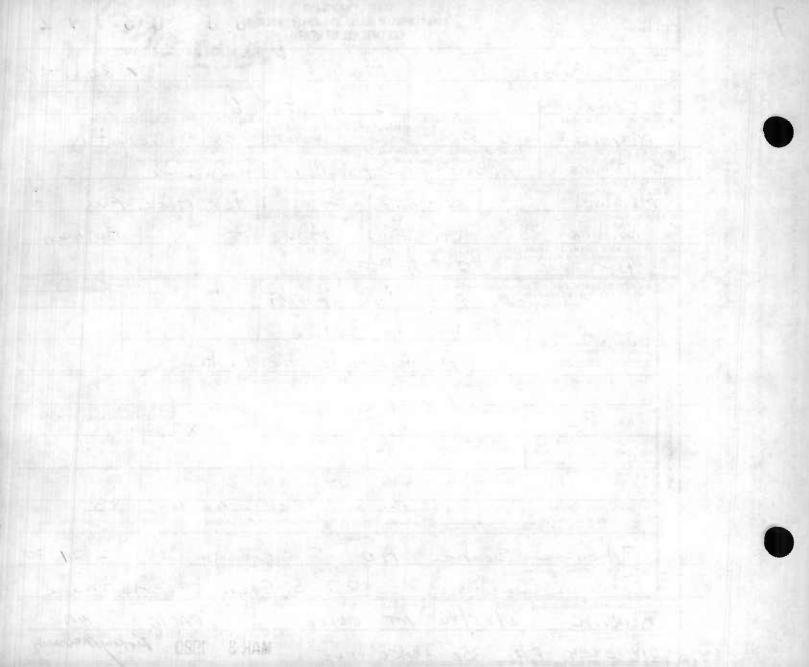
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ша	80	1	3 SE)			RACE		5 DATE C	F BIRTH	17	& AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
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thin	outd outd	20	-	ARYLAND	BALT	IMORE	LANSDO	WNE		NO 🖳	3011 ALAB	AMA AV	ENUE,	21227
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BALLIMOR ficate be ex	Pau Pau			YES	WW	II	401-18-	6298	VIRGI	NIA R.	MAUK 3011	ALABA	MA AVE	
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quires that the	gned by the at please remove burial, cremati njury, or other			Canditions, if ony, gave rise to imm couse (o), statin- underlying cause PART 2 OTHER SIGN	nediate g the last	((c)	R AS A CONSEQU		NOT RELATED	TO THE TERM	NNAL DISEASE OR CON	DITION GIVI	EN IN PART III	0'
law re	Then ior to		TON											
The	an. cate has t it permit ygiene pr 18 shows	9	CERTIFICATION	190 DATE OF OPERAT			TION FOR WHICH	1 OPERATIO			200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
VISION OF VITAL	g physician. his certificat urial-transit p Mental Hygi	9		210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	HOUR A.	M MONTH D	AY YEAR	21¢ HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 25	
DING PI	After this s the buring th and Mi		MEDICAL	214 INJURY OCCURR WHILE NOT WHAT WORK AT WO	ILE []	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.]	21f LOCATIO STREET	N	CITY OR TOV	WN	COUNTY	STATE
AATTEN	ECTOR: for use a of Heal			220 I certify that (I) sow the decease	d alive an_	21	1/X8010		0	. 19 <u>. 5</u> (our) apinion	death occurred on the d		and from the	
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301	or		24 FI	BURTAL INERAL DIRECTOR		02-15	-80 I N	1EADOW	RIDGE M		ELKRIDGE E REC'D. BY REGISTRAR	HOWA	RAP'S SIGNAT	RYLAND
	DHMH-16 25M VRA 15, 4) 1/79			NAME			ADORESS		21229				My/K	Elrendy
			H	BBARD FUNI	CRAL I	OME INC	4107 V	LLKEN	S AVE.		EB 1 3 1980		-	

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1 0	REGISTRAR CEASED NAM	F FIRST		MIDDLE	LAST	CATEOFD	20. DATE KNO	REG. NO.	DAY YEAR 26. F
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ID. C	ITY OR TOWN	OF DEATH		ITAL, NURSING HOME		JTION 12a.	USUAL OCCUPATION		126 KIND OF BUSINE
		re City	3115 W.	Belvedere			N/A	incy	N N/A
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M	ARYLAND	N,		BALTIMORE	YES X		15 WEST BI	ELVEDERE	E AVENUE
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13	cause (a lying ca) stating the <u>under-</u> use last.	DUE TO, OR A			ON CIVEN IN SADT 1			
NO	cause (a lying ca) stating the <u>under-</u> use last.	DUE TO, OR A	AS A CONSEQUENCE (DN GIVEN IN PART 1 1	0.		
ATION	PART 2 OTNER S) stating the <u>under-</u> use last.	(c) CONTRIBUTING TO DEATH BE		INAL DISEASE DR CONDITIO		0.		20 AUTOPSY?
IFICATION	PART 2 OTNER S	i) stating the <u>under-</u> use last.	(c) CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEASE DR CONDITIO		0.		20 AUTOPSY? YES 🎛 N
ERTIFICATION	PART 2 OTNER S 19a. DATE O	o) stating the <u>under-use last</u> . IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM 1004 FOR WHICH OPER 11/13/URY	INAL DISEASE DR CONDITION ATION WAS PERFOR 21c. HOW INJURY	RMED?	O. NTER NATURE OF INJURY IN	N ITEM 18 PART 1 OR P.	YES NO
AL CERTIFICATION	PART 2 OTNER S 19a. DATE O 21a. EXTERN UNDERLYIN	i) stating the <u>under-use last</u> . IGNIFICANT (DNDITIONS F OPERATION AL CAUSE WAS G □ OR	CONTRIBUTING TO DEATH BY	UT NOT RELATED TO THE TERM ION FOR WHICH OPER	INAL DISEASE DR CONDITION ATION WAS PERFOR 21c. HOW INJURY	RMED?		N ITEM 18 PART 1 OR P.	YES NO
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WEDICAL WEDICAL	PART 2 OTNER S 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHAT AT WORK ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	IS NAME	DUE TO, OR A (c) (ONTRIBUTING TO DEATH BI 198. CONDITI 218. TIME OF HOUR A.M. P.M. 21e. PLACE O STREET, FACTO OTHER PROPERTY OF THE PROP	UT NOT RELATED TO THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 IF INJURY (AT HOME. ORY, FARM, ETC.) THE HE HOME. SU Ith, M.D.	ATION WAS PERFORE 21c. HOW INJURY 21f. LOCATION STREET Autopsy Micide Homi	Inspection USPECIFY) LTY Chief	OTTY OR TOWN Inquiry Indetermined monner	ond in my on, DATE SIGN	YES NO NO NED 2/7/80



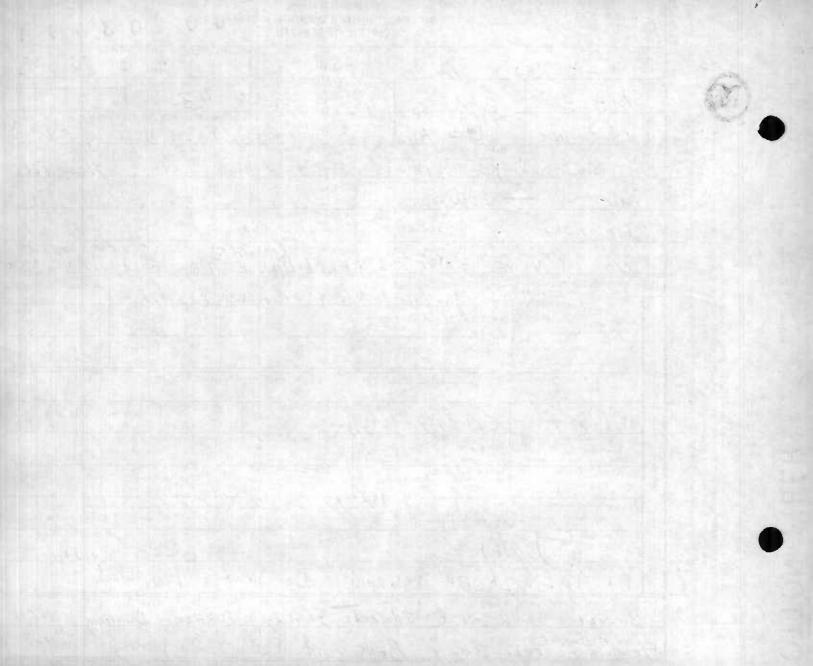
	4			STATE OF MARYLAND		and the same of th
	1-	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	03992
13-1-1-1		EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
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at once.	3 SEX		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
once.		Female	CAU	MONTH DAY YEAR	63	YRS. MONTHS DATS HOURS A
ato		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
1 35		Maryland	USA	WIDOWED DIVORCED	Balti.	more City
938	./	3a timore	I NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION DRESS! Of Mary land	128 USUAL OCCUPATH	
a m	USUA 13a S	TATE 1 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BÉFORE A	DMISSION) 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
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C-Z-C	14 FA	THER'S NAME	DLE LAST	IS MOTHER'S MAIDEN NA	ME MIDDLE	LAST
つ歌り		William	Wocken	fuss Marg	aret	Bushan
t, the me	16a W	AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE WA	IR OR DATES)		ADDRE	SS
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even even		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and	CO.		APPROXIMATE INTERVA
atic		PART I. DE ATH WAS CAUSED E IMMEDIATE (6/	wtory Arrest		
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ition, er tra		Canditions, if any, which	(b) Hepa	tie failure		
othe		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN	CE OF		
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buri		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
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r to				PERATION WAS PERFORMED	1	
prior to	CA	19a DATE OF OPERATION	178 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
	TIFICAT	19a DATE OF OPERATION	175 CONDITION FOR WHICH C	PERALION WAS PERFORMED	YES NO NO	
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH
		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH
or Item 18 sho		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21a PLACE OF INJURY	YEAR 19 211 LOCATION	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES OF DEATH' YES NO 1
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of Health and Mental Hygiene m 21 is marked or Item 18 sho	MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTBY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22e. I certify that (1) (this hospital) sow the deceased alive an obove. (1) (we) (didl (did not) y	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	YEAR 19 211 LOCATION STREET , and that in (my) (aur) apinian	YES NO NO RED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES OF DEATH: YES NO YES 10 NO YES 115 NO YES
Dept. of Health and Mental Hygiene If Item 21 is marked or Item 18 sho	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOT BY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK SO AT	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR ottended the deceased from	YEAR 19 211 LOCATION STREET , and that in (my) (aur) apinion DEGREE ATTENDING	YES NO NO RED (ENTER NATURE OF INJUR CITY OR TOW death occurred on the do	IN CERTIFYING CAUSES OF DEATH? YES NO TO THE MIB. PART 1 OR PART 2) NO COUNTY STATE 19 0, that (1) (we te and hour and from the causes state 22c. DATE SIGNED
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR TYPE OR PRINT WRENCH 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH VEAD 36 To BIRTHPLACE COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN TH CITIZEN OF WHAT MARRIED NEVER MARRIED ORTHCATOLINA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) COUR USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ONE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH Enter only one couse per line for (0), ib PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INIME 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from O, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated saw the deceased alive an _ abave, (1) (we) (did) (did nat) wew the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRES should by 0 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION 24 FUNERAL DIRECTOR 256. DATE REC'D. REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 NAME E BARMES (VRA 15 (4)) EMING FUNERAL KENSON, M. SERVICE



FOR

- STATE

REGISTRAR

SHANLEY SAME AS APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE . that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE COUNTY A.A. MD. 250. DATE REC'D. BY REGISTRAR 256 POSTEAR'S S GNAPURE 24 FUNERAL DIRECTOR DHMH-16 20M 4001 RITCHIE GONCE (VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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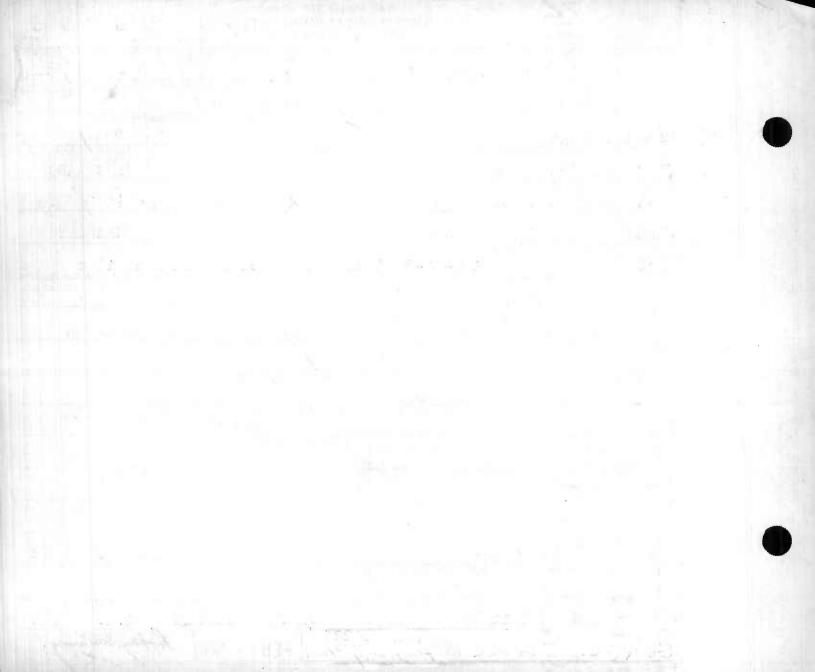
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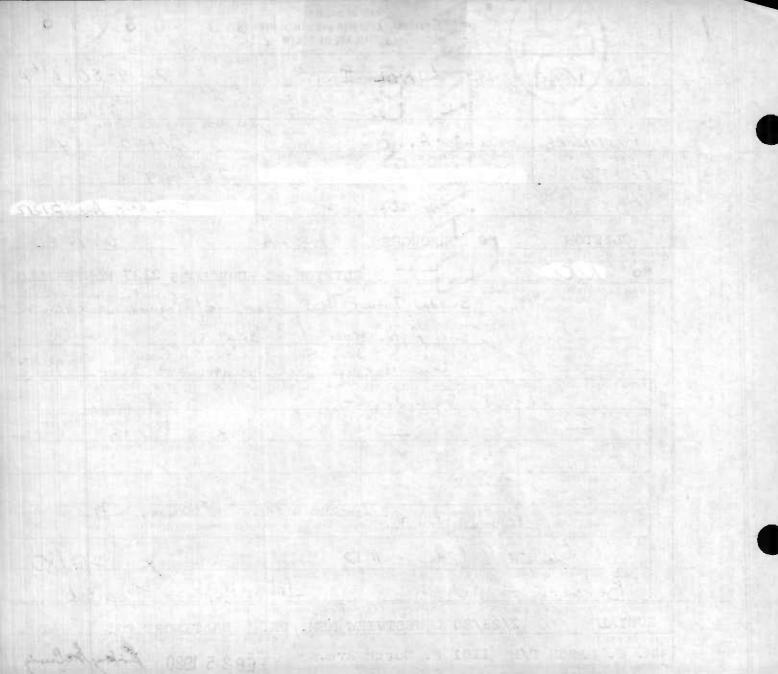
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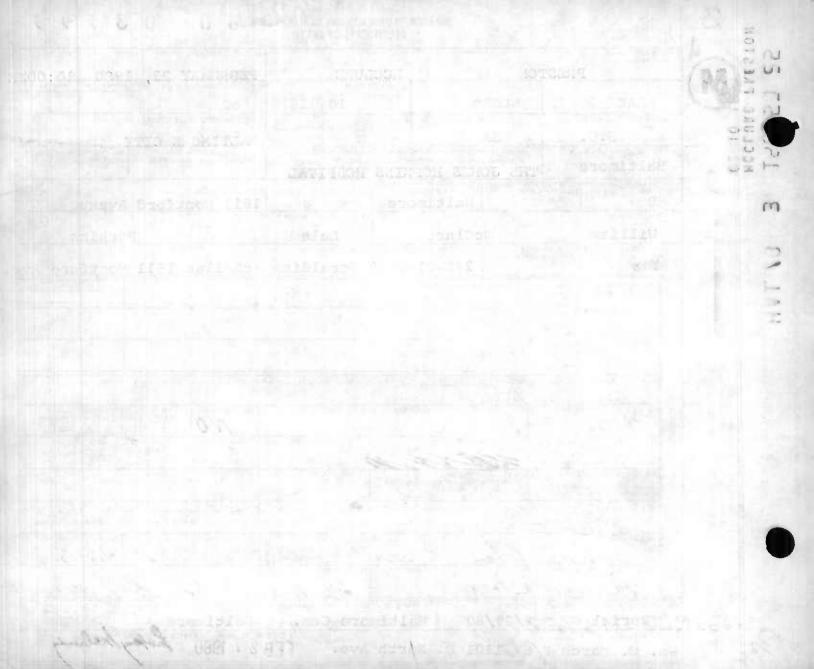


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 7a DATE OF DEATH MONTH 7h HOUS (TYPE OR PRINT) HARLIE 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Negro male To BIRTHPEACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY BALTIMORL Alabama WIDOWED DNORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17e USUAL OCCUPATION 17h KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) torekeeper Baltimore HOPKINS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CILY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Baltimore 630 Homestead St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Leatherwood 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 1630 Homestead Essie McCall APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ~12 upper ausmointesting IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF circhonic Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause alcoholism chanic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? January 1980 NOF NO D Hygi 710. ACCIDENT WAS UNDERLYING 216. TIME OF IN MRY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 714 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (this haspital) attended the deceased from 2.7 To metra. saw the deceased alive an Fehres 1080 and that in (my)-(am) apinian death occurred on the date and haur and from the causes stated above, (1) (did) (did with view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Should be with the S 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS The Johns Hopkins Hospital, 661 N. Brading, Baltime BRADFORD B. WALTERS 231 NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 236. DATE 234. LOCATION Baltimore Cemetery 250. DATE REC'D. BY REGISTRAR 250. BESISTAR'S SY NATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** 1412 E. Preston St. Calvin B. Scruggs (VRA 15, 4) 1/79

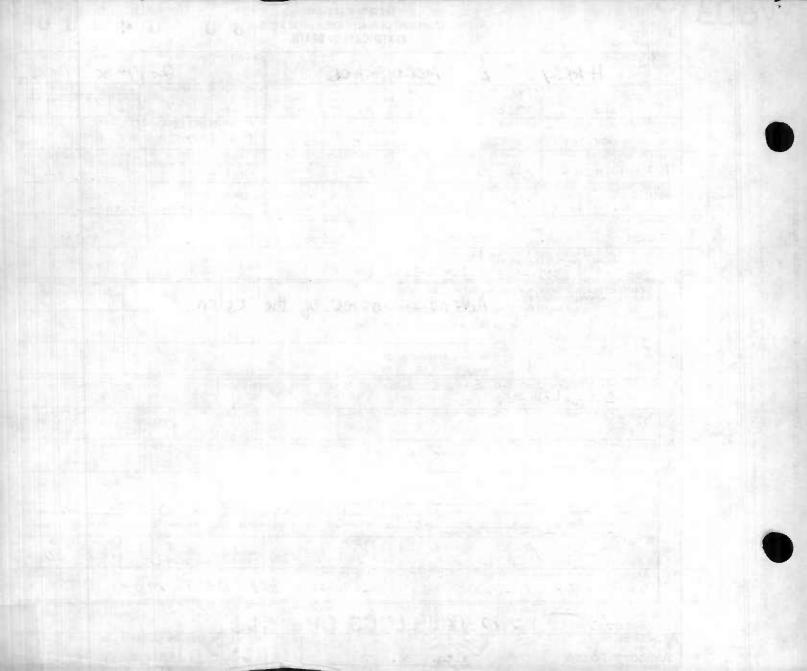
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE XO CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE LAST 2ª DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) PRESTON MCCLURE FEBRUARY 1980 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MALE NEGRO 10 18 62 78. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED S.C. USA WIDOWEDK DIVORCED BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? MD Baltimore 1811 Montford Avenue NO [YES K 14 HATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDH FIRST MIDDLE William McClure Lula Perkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) 245-01-2650 Geraldine McLellan 1811 Montford APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which other gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ā underlying cause last Prikar bs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? shou YES [NO [20 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21R PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 199 220 I certify that (1) Phis haspital) attended the deceased fram_ 10 saw the deceased alive an and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave. (1) (well (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING State [MEDICAL ORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the Si 23d LOCATION 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236. DATE CITY OR TOWN COUNTY STATE Burial 2/29/80 Baltimore Baltimore Cem. MD 250. DATE REC'D BY REGISTRAR 256 PAGISTRAR'S S 24 FUNERAL DIRECTOR **DHMH-16 25M** 1101 E. North Ave. 1980 March F/H (VRA 15, 4) 1/79



STATE OF MARYLAND



2	Item 5 g543 5	DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MENTAL HY	SIENE () () 4	0 0 1
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11 11	3 SEX	4 RACE 5. 0	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
A STATE	Male	Black	pril 43-1931	48 YRS. M	ONTHS DAYS HOURS MIN
170	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	TT C A	ARRIED NEVER MARRIED	Baltimore Ci	
23	10 CITY OR TOWN OF DEATH Balgimore	11. NAME OF HOSPITAL, NURSING HI (IF NOT IN SUCH FACILITY GIVE STREET ADDRE VAMC, Baltimore	ESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE UNKNOWN	126. KIND OF BUSINESS OR
must be	USUAL RESIDENCE (IF NURSING HO 130 STATE 136 G Maryland Ba	me or dity tution, give residence before adm OUNTY 136 CITY OR TOWN 1timore Baltimore	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2112 W. Vine St	reet
examine	14 FATHER'S NAME DOC McCoy	MIDDLE LAST	is mother's maiden na	MIDDLE	LAST
medicol	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (18 YES) W	S, GIVE WAR OR DATES)		oy 2112 Vine S	t Wife
se remove corbanapape I, cremotion, or removal other troumotic event, th	PART I. DEATH WAS C	DUE TO, OR AS A CONSEQUENCE	remouhage.	etabolic Acidosis Panauatitis	BETWEEN ONSET AND DEATH 12 LOUIS 2 4 Nous
Then pled r to buriol injury, or		ANT CONDITIONS ON TRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	ninal disease or condition give	N IN PART 1(a
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or Item 18 sh	710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL 21d. IN JURY OCCURRED	DE DEATH AINER) HOUR A.M. MONTH DAY P.M. 210 PLACE OF INJURY	YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
morked	AT WORK AT WORK			CITY OR TOWN	COUNTY STATE
m 21 is m	220.1 certify that \(\) (this saw the deceased oli above. \(\) (we) (did) ()	hospitol) attended the deceased from February 19 19 19 view the body offer death	, and that in (i) (aur) opinion	deoth occurred on the date and haur	and from the causes stated
note Dep	Dame	15. Runce mi)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2/19/80 ·
should be determined by the Stote	22d PHYSICIAN'S NAME (TYPE OR PRINT)	VAMC, Balti	more, Maryland 2	1218
<u> </u>	230 BURIAL, CREMATION, REMO		e of cemetery or crematory National Cem	etery Laurel	ounty State
AH - 16 60M 1/75	A FUNERAL DIRECTOR	at 2700 Dess ly		E REC'D. BY REGISTRAR 256. REGISTR	

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	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 0	0 4 0 0 2
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. N	O. MONTH DAY YEAR 2b HOUR
ge 3 epth	(TYP	OR PRINT)	Y &A.	McCox		2 8 80 8.40
1	3 SE	×	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24
3	2. 0	DYHDI ACC	P	4-10-8	7 95 2000	YRS PROUNTY OF DEATH
5	K	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	- 7 -	
edat	10 C	ITY OR TOWN OF ATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS
13		BA110.	BALLO, CILV	HOSP.	HOME MEL	10
ost pe	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c CITY OR TO		5? 13e STREET ADDRESS	7 1
2	14.5	ATHER'S NAME	1541	YES NO 15 MOTHER'S MAIDEN	1740 N.	Drohl Way
Combin		FIRST	MIDDLE RAST	1 6 FIRST	MIDDLE	Handlest
dicale		VAS DECEASED EVER IN U.S.		ECURITY NO. 17 INFORMANT	ADDRI	ESS
med		YES, NO OR UNKNOWN) (IF YES, G	give war or dates) 2/5-7	4-2226 Mary L	, 17 Con -1	740N. Broadwa
t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b),	andic	_ / _	BETWEEN ONSET AND D
ever			IATE CAUSE (a)	ocordial	TUTOVU	100
umatic		7/0-	DUE TO, OR AS A CONSE	OUENCE OF MOAT	Diposi	0
r frac		Conditions, if any, which gove rise to immediate cause ia, stoting the	DUE TO, OR AS A CONSE	OUENCE OF	11/6406	
athe		underlying cause last.	(c)	OUENCE OF		
ury, a	2	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
ار اور —	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20h, IF YES, WERE FINDINGS USED
shaws on	2 1				YES NOTA	IN CERTIFYING CAUSES OF DEATH
0.00	E E	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
7	S S	OR CONTRIBUTING CAUSE OF E	ER) P.M.	19		
5 /	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	NN COUNTY STATE
		AT WORK - AT WORK		2 1 7 10 4	=0 . 3/	A 1010 de 111
		saw the deceased alive	spital) attended the deceased fro	AA	nion death accurred on the d	ate and haur and fram the causes state
Lea		226 SIGNATURE	nati view the body after death.	DEGREE		221. DATE SIGNED
=		Moure	Nuch	M. ATTENDIN PHYSICIA		
2		224 PHYSICIAN'S NAME (TYPE	EOR PRINT) WILL AL	22e. APPRESS	(14)	11-10
MPOKIAN	220	JO O DE MATION BENOW	AL 1225 DATE 12	3c. NAME OF CEMETERY OR CREMATO	DRY 123d LOCATION	NO1/1-
	230.	BURIAL, CREMATION, REMOVA	23b. DATE 2	nill Critishes.	CITY OR TOWN	COUNTY STATE
5	24 F	UNERAL DIRECTOR	ADDRESS	250.	DATE REC'D. BY REGISTRAR	256 REPOTRAR'S SIGNATURE
		-11 ekson	Full diam	r N. CArolia	PP 1 1 1980	history

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X	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O 3 STATE CERTIFICATE OF DEATH REG. NO.
y be	(TYPE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 2 -25-80 -7 h. M
oge 4 mo	3. SE	MONTH DAY YEAR 79 YRS HOURS MIN.
r deoth. P		RTHPLACE (STATE OR FOREIGN DUNITRY) 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH DUNITRY) 5 C
11201 in by the be filed with	USU	Salte-Sud Bou Si Cours Harge (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ithin 24 h		THER S NAME MODIE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES D NO D 15 MOTHER'S MAIDEN NAME MODIE 15 MOTHER'S MAIDEN NAME MODIE 15 MOTHER'S MAIDEN NAME MODIE 16 MODIE 18 MOTHER'S MAIDEN NAME MODIE MO
ore, mark	160 %	VAS DECEASED VER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES, NO OR UNKNOWN) 1/8 YES, GIVE WAR OR DATES)
ficate be exe popers. Page one papers. Page one ent, the medi		18 CAUSE OF DEATH (Enter only one cause per line for 10) (b), and IC BETWEEN ONSE! AND DEATH
res that the death certained by the attending properties remove carbon varial, cremation, or remove, or other traumotic events.	NO	PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PART AND PROPERTY OF THE UNITY OF THE CAUSE OF CONDITIONS CONTINUATING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
VITAL RECORDS, A: The low requirements been signored been signored been signored bygene prior to be 8 shows any injur	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1210, ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 1211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VAITENDING PHYSICIAN Ispiral or ottending physicial and there this certiful for use as the burial-it. of Health and Mental in all the sum of t	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE AT WORK NOTIFY HAVE AT WORK (I) (this hospital) ottended the daceosed from sow the deceased alive an above, (i) (we) (did) (did not) view the body after death. 22d Certify that (i) (we) (did) (did not) view the body after death.
by the by the left of the left	1	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 220. DATE SIGNED 2120. STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 220. DATE SIGNED 2120. DATE S
M short	23a (MANCEURS C BUSUERNE M STYS FATEMILIAN OF LINE SURIAL, CREMATION, REMOVAL 236 DATE 2/29/80 Arbutus Mem. Pk. Arbutus County Md. STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR Charles A. Rice 1300 Eutaw Pl. Albutus Mem. 1 R. Albutus 250. DATE REC'D. By REGISTRAR'S SIGNATURE FFB 2 7 1980 First Mem. 1 R. Albutus FFB 2 7 1980 First Mem. 1 R. Albutus FFB 2 7 1980 First Mem. 1 R. Albutus FFB 2 7 1980 First Mem. 1 R. Albutus Recommendation of the second of the sec

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DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE DECEASED NAME DATE KNOWN X 2h HOUR (TYPE OR PRINT) ESTI-N PAGE S FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS

DS, 30 W PRESTON STREET, 18, 80 ROGER MCCROREY DEATH MATED 4 RACE A. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5 DATE OF BIRTH IF UNDER 24 HRS MOURS DATE YEAR LAST BIRTHDAY) PRONOUNCED 18, 80 male black 30 9 22 57 DEAD 70. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City DIVORCED Md. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Johns Hopkins Hospital Baltimore N/A BE SHOULD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13b. COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS MD Baltimore YES. NO [2402 N. Guilford Ave. VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST OF VIT Walter McCrorey Irene Rice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS DIVISION (2402 N. (YES, NO. OR UNKNOWN) 213-70-1663 Walter & Irene McCrorey Guilford Av CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY SED AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Gunshot wound to abdomen IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES X NO [3 SHOULD BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR MEDICAL subject shot CONTRIBUTING CAUSE OF DEATH PRIOR 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 21f. LOCATION TO FUNERAL DIRECTOR: PAGE 3 S
AFTER DEATH, WITH THE STATE DEP
BALTIMORE, MARYLAND, 21201 PRIO STREET, FACTORY, FARM, ETC.) 1500blk.Aisquith St. (rear) Balto., Maryland WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an ond in my opinion Suicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 2-19-80 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD Baltimore Baltimore Cem. Burial 2-23-80 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** C. March F.H./1101 E. North Ave. (VR A15 ME (5))

15M 7/77

STATE OF MARYLAND

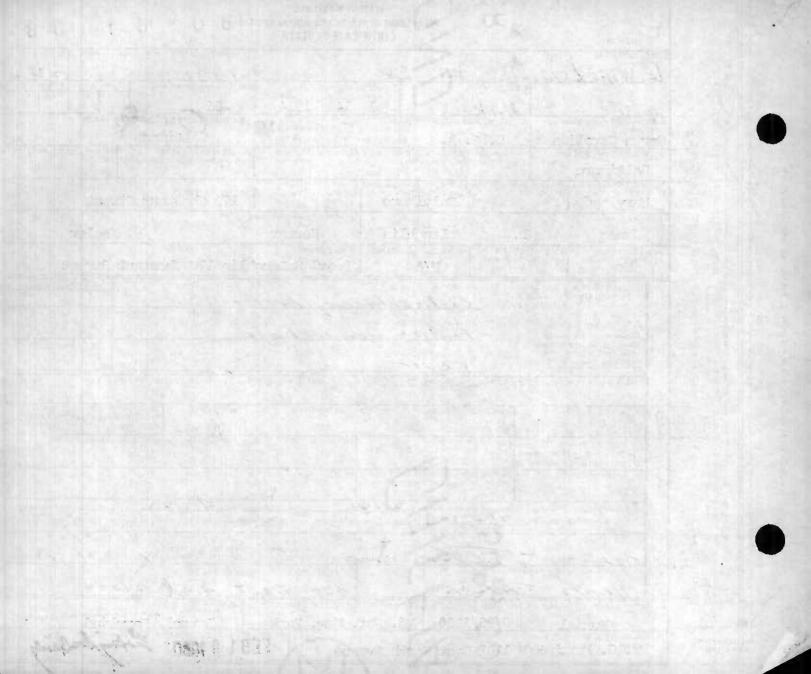
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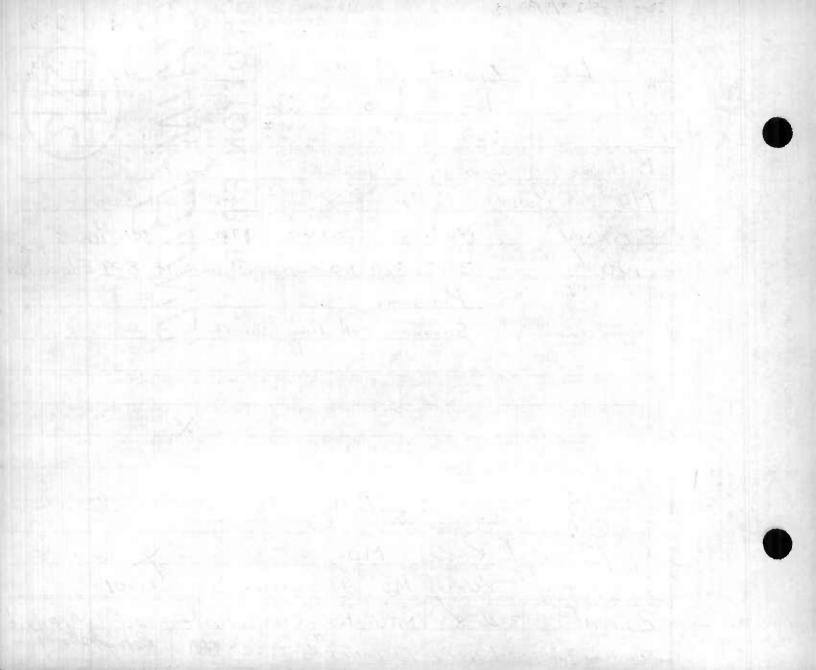
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	be 3		Aca	7.	McKee	2/1/80 2.	-1-80 6:50 M
	де.4 то	3 SEX	FEMALE	BLACK	S. DATE OF BIRTH	6 AGE JIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	od Big	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNT	TY OF DEATH
	deoth.	N	ORTH CAROLINA	USA	WIDOWED DIVORCED	BALTMUNE	CITY MD.
	with with	10 CI		11. NAME OF HOSPITAL, N (INNOT IN SUCH FACILITY, GIVE	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
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DIVISION OF VITAL RECORDS. 201 W. PRESTON ST., BALTIMORE. MARYLAND 2120'	tely filled in 2 shauld be inner must be	13a. S	RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? NO	130 STREET ADDRESS ACHE	TEN ST
RYL	within	14 FA	THER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN N.	MIDDLE	LAST
×	ond ond		IROU	HOU	a CARRIE		hompson
ORE.	n ond co		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	1 01 1
IW	Poor S. Poor		NO	46-1	8-9652 Rosie Maso	N 2849 W. Mui	berry Street
f., BAL	physicia physicia npaper mavol.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE		DIAR ALVEST		DETWEEN ONSET AND DEATH 20 GR NIME
N N	nding carbo		1279	DUE TO, OR AS A CONS			- 1100
STC	e death ce nove carb notian, or i troumatic		Conditions, if any, which	(Ib) SE	PSIS		2445.
PR	the o		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		
*	by the		underlying cause last	(c)			- Museum and a
RDS. 20	equires t n signed Then ple to burio injury, or	NO.	PART 2 OTHER SIGNIFICANT	DIE HEAR	TO DEATH BUT NOT RELATED TO THE TER	minal disease or condition g	IVEN IN PART 110
Ö	beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
AL RE	he le	TE				_ ~ _	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
ZIV	HYSICIAN: TI ding physicia is certificate burial-transit Mental Hygi ar Item 18 sh	E E	210. ACCIDENT WAS UNDERLYING	LICUID A 11 MONITH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 16	3, PART 1 OR PART 2)
9	YSICIAN ing phys certifice virial-tra Aentol H	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	4111	19		
o N	HY Signal	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOCATION STREET	CITY OR, TOWN	COUNTY STATE
N N	O F P P P P	2	AT WORK AT WORK		(2)		200
0			22a. I certify that (I) (this hasp		rom	, to	, 19, that (1) (we) lost
	F -= C 0 = A		saw the deceased alive an above, (1) (we) (did) (did no	t) view the body after death.	19, and that in (my) (aur) apinion	n death occurred on the date and h	our and from the causes stated
	OR AT OR AT DIRECT Sched f Dept. o		226. SIGNATURE	11000	DEGREE	USDIG!! STAFF D.	22c. DATE SIGNED
	TAL O Y the RAL D detac fore D		Dull	1. Work	ATTENDING PHYSICIAN	MEDICAL STAFF	211100
	SSPI ed b JNEF JNEF A be St		22d. PHYSICIAN'S NAME TYPE O	R PRINT)	22e ADDRESS	· itom las	
	TO HOSPITAL Oretained by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		DHKIY	A. VOUITE	LUHNUOL	W LIDDA. IVC.	
	F 5 F 2 3 ₹	23a. 8	URIAL, CREMATION, REMOVAL		23¢ NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
1100	/ BP		Burial	2/7/1980	Md. Nat. Mem. Pa		aryland
D	HMH - 16 50M 1/76		INERAL DIRECTOR	ADDRE		EB 5 1980	TRAIS SIGNATURE
	(VR A 15 (4))	V	M. C. March	F/H 1101 Ea	st North Ave.	EB 5 1980	, Jr Outing

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	E OR PRINT)	KENN	मगम		lobert	MO	ער ליותים א	TD	OF DEATH A	ESTI- MATED D	2 1	00
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m	ale	negro	8 9	79	LAST BIRTHDA	Y) MENTH			PRONOUNC DE AD		2 2	19 80 24 HOL
7a. Bli	RTHPLACE (S	Md.	76. CITIZEN OF		ITRY?	8. MARRII	ED NEVER A	AARRIEDXX		ore Ci		DEATH
10. CI	TY OR TOWN	of DEATH	(IF NOT IN SUCH	OSPITAL, NUF FACILITY, GIVE ST	TREET ADDRESS)	, OR OTH	ER INSTITUTION		SUAL OCCUPA R MOST OF WORKI	ATION (TYPE OF	WORK 12b.	CIND OF BUSINESS OR INDUSTRY
USUA 13a. S	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE		ON)	13d. INSUBE CITY LIM	HTS? 13e ST	REET ADDRES	\$ T	D1	
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	Kenne	NOU	embole T	McK	enzie	,Sr.	Chris		AE MID	Ado	gers	LAST
16a. W	VAS DECEASE	DEVER IN U.S. AF	RMED FORCES?	16b. SOC	TAL SECURITY	NO.	17. INFORMANT			ADDRESS	III COLO	
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	18. CAUSE C	OF DEATH (Enter o	nly one couse per li								ВЕ	APPROXIMATE INTERVAL
	PARTIO		TE CAUSE (o)	Sudden	Infant	Dea	th Syndi	rome				
	1798	0	1	OR AS A CON	ISEQUENCE C)F						
		ins, if ony, which ise to immediate										
) stoting the under		DR AS A CON	ISEQUENCE C)F		-11-11				
	lying co	use lost.	(c)									
		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT BELL								
z	PART 2 OTHER 5			IN BUT NUT KELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION GIVE	N IN PART 1 (a).				
ATION		F OPERATION									120	AUTOPSY?
FICATION							OR CONDITION GIVE				20.	AUTOPSY?
ERTIFICATION	19a. DATE O		19b. CON	DITION FOR V		ATION W	AS PERFORMED	?	R NATURE OF IN HIS	DY IN ITEM 18 PART		AUTOPSY? YES X NO
CAL CERTIFICATION	19a. DATE O	F OPERATION AL CAUSE WAS	19b. CONI 21b. TIME HOUR A		WHICH OPER	ATION W		?	R MATURE OF INJUR	RY IN ITEM 18 PART		
NEDICAL CERTIFICATION	19a. DATE O	F OPERATION AL CAUSE WAS G OR ING CAUSE OF	21b. TIME HOUR A DEATH P	OF INJURY .M. MONTH	DAY YEAR 19 (AT HOME,	21c. HC	AS PERFORMED	?			T 1 OR PART 2)	YES 🛣 NO
MEDICAL CERTIFICATION	19a. DATE O	F OPERATION AL CAUSE WAS G OR ING CAUSE OF	21b. TIME HOUR A DEATH P	OF INJURY	DAY YEAR 19 (AT HOME,	21c. HC	AS PERFORMED	?	R NATURE OF INJUR			
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MEDICAL CERTIFICATION	19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	AL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK	19b. CONI 21b. TIME HOUR A DEATH P 21e. PLAC STREET, F.	OF INJURY M. MONTH M. E OF INJURY ACTORY, FARM, E1	DAY YEAR 19 (AT HOME, TC.)	21c. HC	AS PERFORMED OW INJURY OCC CATION REET Insp	CURRED LENTE	CITY OR TOWN	, ond ir	T 1 OR PART 2)	YES 🔀 NO 🗌
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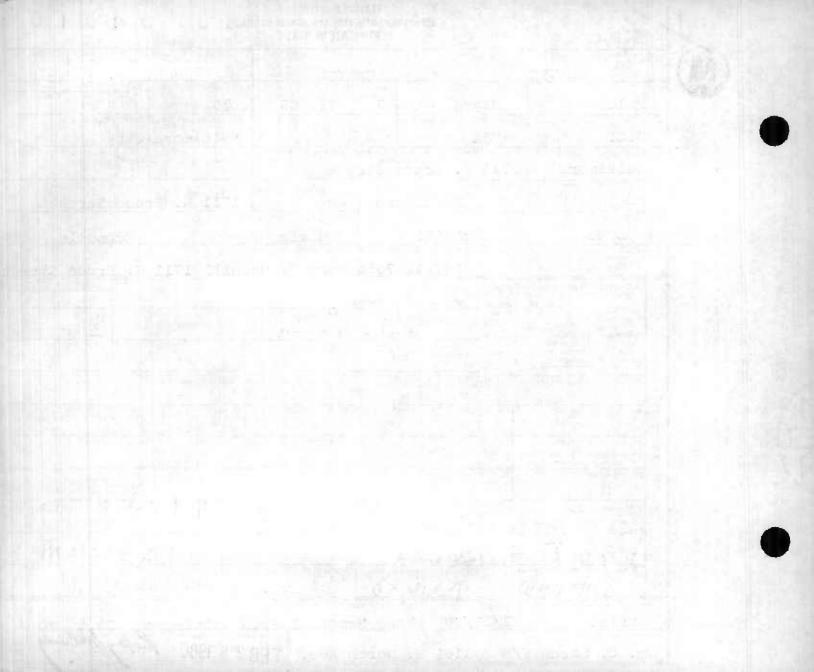
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·\.	11.	FOR STATE			EALTH AND MENTAL HYG	IENE 8	0 4	0 1	1 0
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794	3 SEX		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UN		UNDER 24 HRS
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din be t	USU/	AL RESIDENCE (IF NUR.	OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
LAND 2120 un 24 hours should be file		Maryland	BAHO I	Baltimore	YES NO	170 Chest	nut Str	eet	
₹ 50 €	14. FA	THER'S NAME	AND DIE	1467	15. MOTHER'S MAIDEN NA	ME		1467	
MAN y and Og30		James	L. Mo	cLaughlin,	Hester	WIDDLE	Ke	egler	
	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		V-123
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of for		sow the deceased alive on above, (I) (we) (did) (did no		death	nd that in (my) (our) opinion	death occurred on the do	4		
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47/2		BURIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUP		STATE
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DHMH - 16 50M 7/77	24. FU	uneral director Wm. C. March F/	/11 1101 -	ADDRESS		REC'D. BY REGISTRAR	Trades	S SIGNATUR	and.
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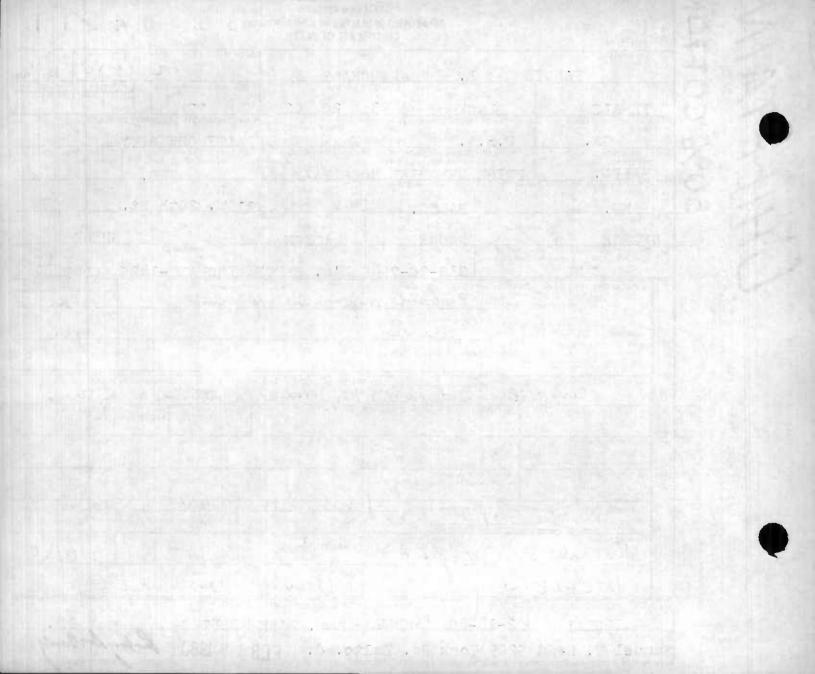
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in the	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 () () 9
24	1.	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
0 \ /		CEASED NAME , FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
1/7/	(TYPE	ORPRINT) LEE	Frest McLeod 2 2180 844
(Mat)	3 SE		4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
XX		M	BL MONTHS DAYS HOURS MIN
1 1 00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
1 1 17	V		U.S. WIDOWED DIVORCED CITY MD.
201 rs off	10 @	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTIN SUCH FACILITY, SIVE STREET ADDRESS) (IF NOTIN EYES) (IF NOTIN SUCH FACILITY, SIVE STREET ADDRESS) (IF NOTIN EYES) (IF NOTI
2120 nours nours be fill	USU	AL PESIDENCE DE MURSINIC HOUSE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours. yision and completely filled in by opers. Pages 1 and 2 should be file wal.	130. 5		ato 13. Strontown 130 inside-city limits? 130 stratego appress
Within within d 2 shi	14. FA	THER'S NAME	MIDDLE AST AST FIRST MIDDLE LAST
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MORE, M. e executed n and camp Poges I an	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
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e em th		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF
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RDS, 20 equires n signee Then pl r to burn	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir r ottending physicion. Wher this certificate has been sign as the burrol-tronst permit. Then th and Mental Hygiene prior to b orked or them 18 shows ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED
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00 00 E		22a.l certify that (1) (this hosp	ital) purented the deceased from 19 19 19 to 180 , 19 00 , that (II) (we) last
2 45		saw the deceased alive on	of view the body ofter death.
OR A he host DIREC DORECT DORECT DEPT.		22b. SIGNATURE	DEGREE 22c. DATE SIGNED
	1	Dann	Losen MD ATTENDING MEDICAL STAFF 2-80
	1	THE PHYSICIAN'S NAME USING	
+ 0 - 0 + 0		PAIRLEY	L. Kosev M.D. 1225. Greene St. 21201
of of shape of the	73a i	URIAL CREMATION REMOVAL	CITY OR TOWN COUNTY STATE
1703 BP	1	KURIAL	3-26-80 MT AUBURN CENT BALTIMORE MARYLAND
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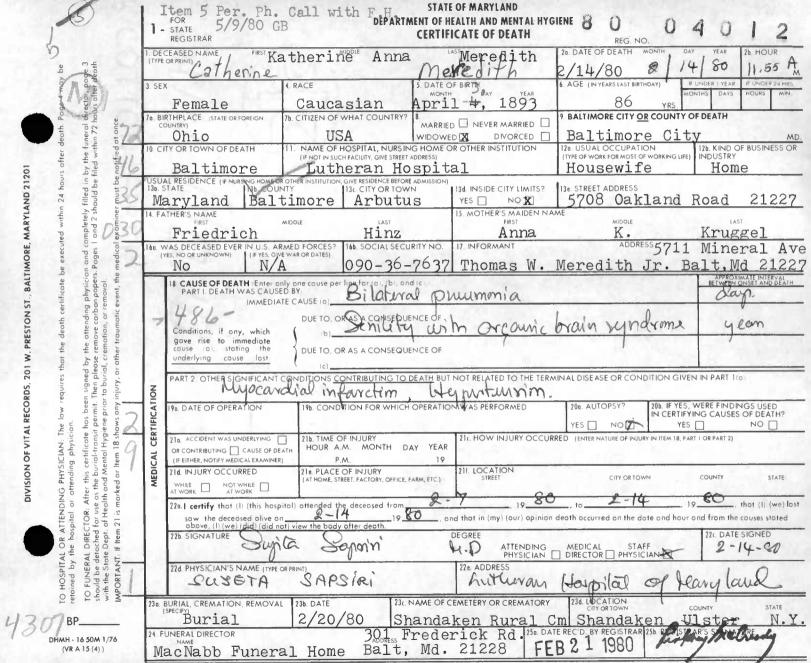


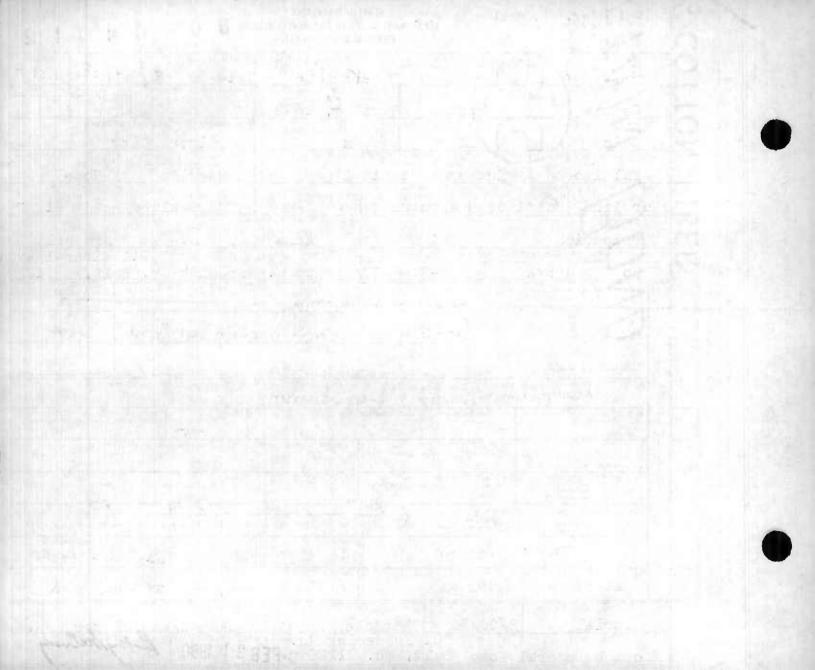
	11	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES ()	4010
y	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
F BA		DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	
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Potified	0	Baltimore	1711 N PRILO	NG HOME OR OTHER INSTITUTION T ADDRESS) e Street	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 12b KIND OF BUSINESS OR INDUSTRY
ould be	<	SUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c CITY OR TOV Baltim	RE ADMISSION) NN 13d. INSIDE CITY LIMITS? OTE YES NO [13e STREET ADDRESS 1711 N. Bri	uce Street
Symmetry	2) 14	FATHER'S NAME Luke	McNeill	15. MOTHER'S MAIDEN N FIRST Mamie		McDoddle
Poges 1	1 16	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
ovol.	F		anly one cause per line for (a), (b), o	nd (c)	CNEIII 1711 I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ve carb		Conditions, if any, which	DUE TO, OR AS A CONSEOL	ostale CANCER		2 45
cremot other tro		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOL			
hen pled to burral qury, or			T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART T(a)
ne prior	2	190 DATE OF OPERATION	196. CONDITION FOR WHICE	HOPERATION WAS PERFORMED	INCE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Pygre -	-	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM	YES NO NO NATE OF PART 2)
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d we		21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
th or orker	1	AT WORK AT WORK			- + E.	21
Head		220.1 certify that (14this ha	spital) attended the deceased from		n death occurred on the date and	hour and from the course stated
or of		above (I) we) did vaid	not! view the body after death.	DEGREE	in death occurred on the date and	22c. DATE SIGNED
the Day	1	Richard	- Didemon	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2 27/80
ORTANT	1	THE ICIAN'S NAME (TYPE		22e ADDRESS	of Ma H	tospital
413-	23	Burial, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		Burial		ing Memorial Pk		COUNTY STATE
A 1/76	2	I. FUNERAL DIRECTOR	ADDRESS	250 DA	ATE REC'D. BY REGISTRAR 256. RE	
(4))		Wm. C. March	F/H 1101 E.	North Ave CE	R 2 8 1980	



DECRATE NAME DECRATE NAME PRI		1	500			E OF MARYLAND	0 0 0	4011
DECEASED NAME RALL IDECTACE DAME RALL IDECTA	~ .	1	- STATE	DEP			0 10 0	4011
TOUR ONLY OF THE PRINTER TO THE PRIN	(An)		CEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 26. HOUR
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TO T	A de de la		IRTHPLACE (STATE OR FOREIGN		TRY? 8			
THE CHIT OR FORM NO PEATH 13 - NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION 17th or most of words or	# BE 544		GA.	U.S.A.			BATATMORE CI	TMY MD.
STATE OF THE PROPERTY OF THE MERCHAN OF MICHAEL STATE AND	7.4	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120. USUAL OCCUPATION	
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220.1 certify that (I) (this hospital) attended the deceased from	212 hour be fibe f	USU 13a				\$13d INSIDE CITY LIANTS?	13. STREET ADDRESS	
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220.1 certify that (I) (this hospital) attended the deceased from	od co				SECURITY NO.	17 INFORMANT	ADDRESS	am
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DEGREE ATTENDING MEDICAL STAFF 2726. SIGNATURE 2726. DATE SIGNED 27	He S		saw the deceased alive on	713	31.	, 17	, 10	
THE PHYSICIAN SNAME (TYPE OR PRINT) 220. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 232. LOCATION CITYOR TOWN COUNTY 234. FUNERAL DIRECTOR 236. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 257. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 258. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 258. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 259. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 259. DATE REC'D. BY REGISTRAR 25b. RESIDENCE 250. DATE REC'D. BY REGISTRAR 25b. RESIDENC				et) view the body ofter death.		DEGREE 4.		22c DATE SIGNED
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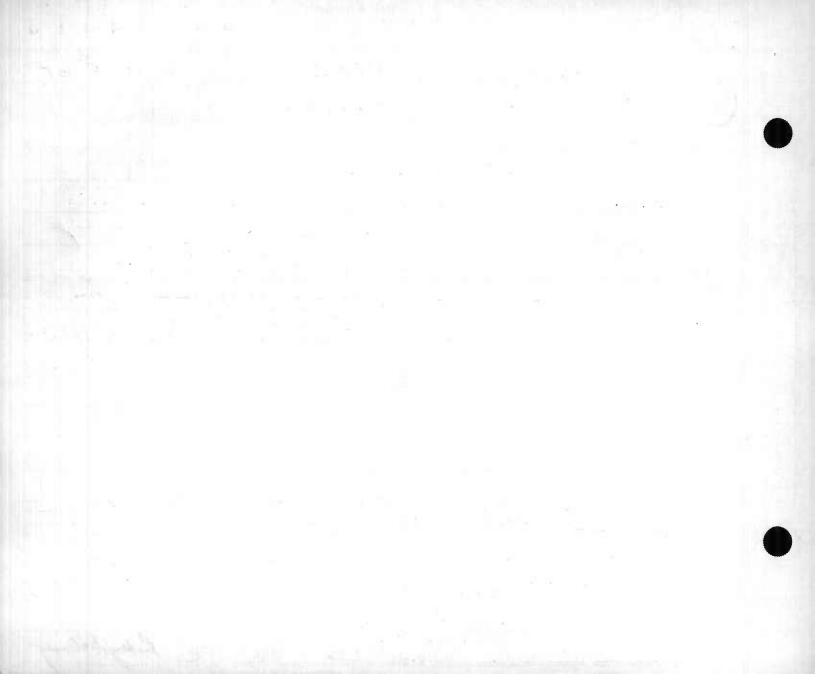
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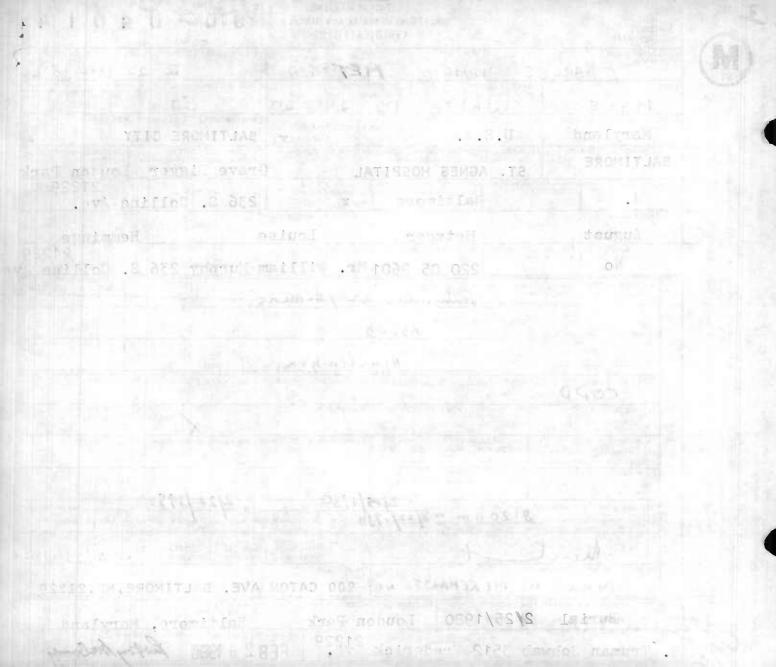
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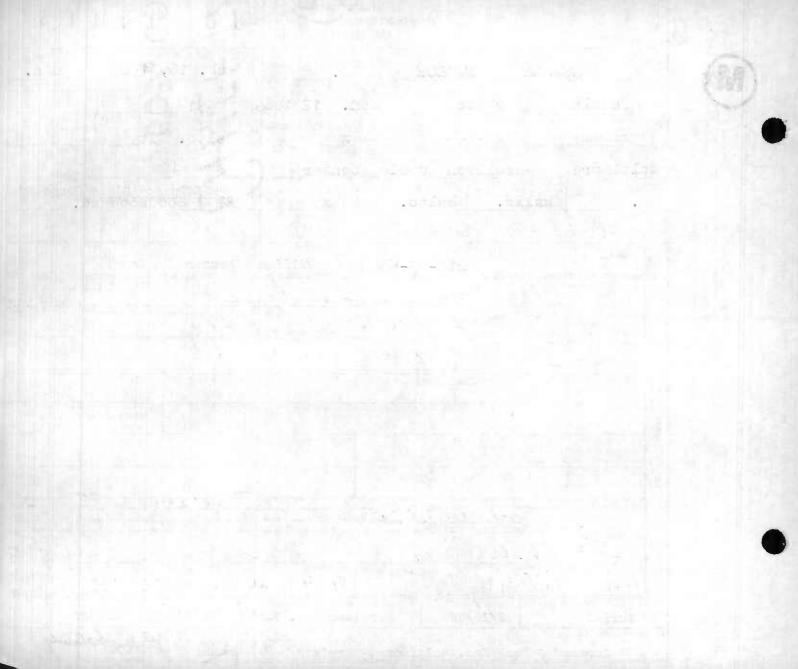
STATE OF MARYLAND



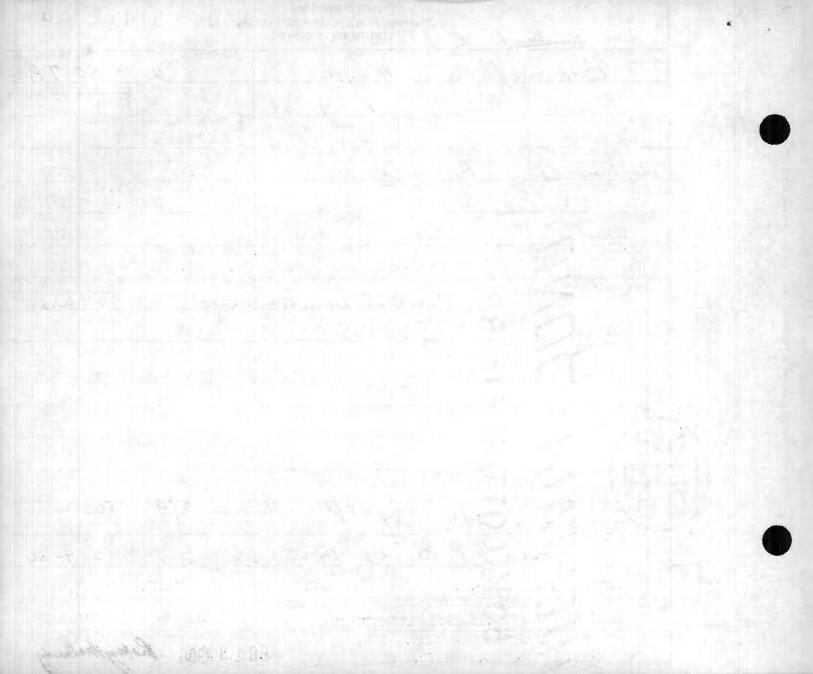
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e be e		No	220 05	960	Mr. Willia	m Murphy	236 S.	Collins A
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INDING PHYSICI, attending physicii attending physicii R: After this certiff as the burial-trans as the burial-transith and Mental H is marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ATWORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOW	vn (COUNTY STATE
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ATTEN bital or a ECTOR: for use a . of Heal		saw the deceased alive pr	8,500 a.w.	22/19	Plat in (my) (aur) opinion o	leath accurred on the do	ote and hour on	d from the couses stated
thospi DIRE Ched fo Dept.		22b. SIGNATURE	of) view the body after death.	-	DEGREE			22c DATE SIGNED
TALOR AT y the hospital RAL DIRECT detached for tate Dept. of	1	Merce	1 1		ATTENDING PHYSICIAN	MEDICAL STAF	FF TAN [2/20/1040
by the ERA		224 PHYSICIAN'S NAME ITYPE	OR PRINT)		220 ADDRESS	DIRECTOR PHISIC	JAN	2/22/1700
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TC ret		URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	
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		INERAL DIRECTOR			21229 FF	REC'D. BY REGISTRAR		'S SIGNATURE

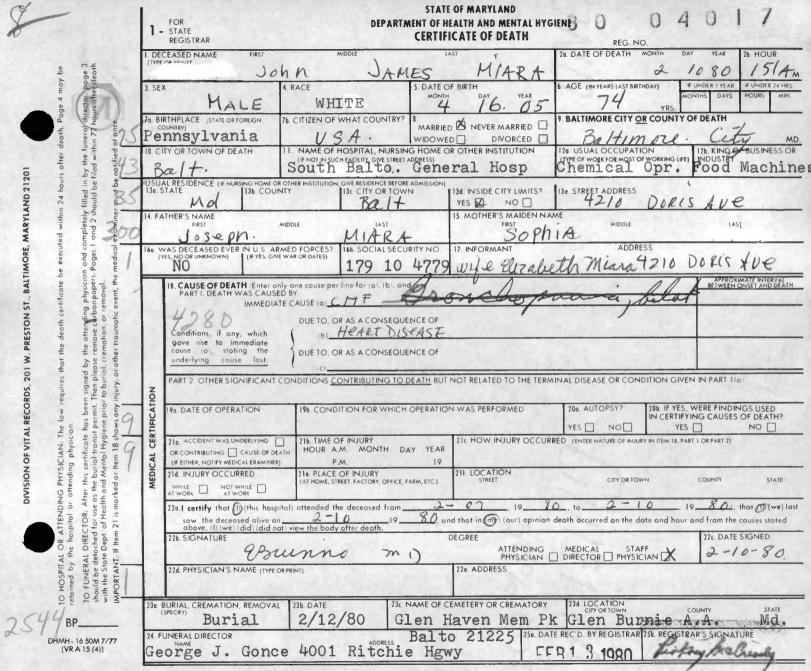


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(Line)	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
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AND 212	13a M	AL RESIDENCE (IF NURSING HOME OF STATE 13) COUN	NOTHER INSTITUTION, GIVE RESIDENCE NTY HALF 136 CITY OF Balt	BEFORE ADMISSION) 13d INSIDE CITY L		Place Joppa Md		
BALTIMORE, MARYLAND cate be executed within 24 sysician and campletely filler opers. Pages 1 and 2 should val. it, the medical examiner mus	14. F	ATHER'S NAME	MIGGLE LAS	iky IS MOTHER'S MA		LAST		
IMORE,		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	SECURITY NO. 17 INFORMANT Wil.	ADDRESS liam F Meurer Sa	me		
1 W. PRESTON ST., hat the death certific by the attending ph ase remove carbanp I, cremation, ar remo other traumatic ever		18 CAUSE OF DEATH LENter or PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) Car	ch'a fai	lure	APPROXIMATE INTERVAL BETWEEN CHAFT AND DEATH		
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N: The law r system. N: The law r system. State has bee consist permit. Hygiene prior. Bis shaws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORME	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \)		
ICIAN: 1 g physic entificate rial-trans intol Hyg	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN 1TFM 18	PART OR PART 2)		
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		220.1 certify that (1) (this hosper saw the deceased alive an abave, (1) (1) (1) (did no			apinian death activited an the dataland ha	that (1) (we) last our and fram the causes stated		
ALOR A the hair ALDIRE detached ate Dept.		22b. SIGNATURE	mu "		NDING MEDICAL STAFF	221. DATE SIGNED 2/17/80		
TO HOSPITA retained by TO FUNERA should be de with the Strain IMPORTANT		1. W, TRE	DAM, AU	220 ADDRESS 8014	Old Harford	Rol man		
() BP	230	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE / 2/19/80	23c. NAME OF CEMETERY OR CREM Moreland Mem.	Park Baltimore,			
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	UNERAL DIRECTOR NAME Leonard J	Ruck Inc. Bali	ss timore, Maryland	EB 1 9 1980	TRAR'S SIGNATURE		



	1.	FOR STATE	DEPA	RTMENT OF HEALT	MARYLAND H AND MENTAL HYG TE OF DEATH	O Gas	0 4	0 1	Ó
	I DEC	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	L OI DEATH	REG. NO	MONTH DAY	YEAR	26 HOUR
may be page 3 er death		OR PRINT)	ped R	Meur	005	20 DAIL OF DEATH	2 9	80	70
may pag	3 SEX		4 RACE	5 DATE OF BIR	TH	6 AGE (IN YEARS LAST BIRT		UNDERTYEAR	IF UNDER 24
		M ALE	WHITE	МОНТН	9 08	72	YRS	THS DAYS	HOURS
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comple		ISAAC	MEYERS		GERTRUDE			HOLSWE	EIG
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uires that the death certi- signed by the attending p- ten please remove corbon a burial, cremation, ar rem- ury, or ather traumatic ev-	z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	RELATED TO THE TERM	8	DITION GIVEN	IN PART 1(c	
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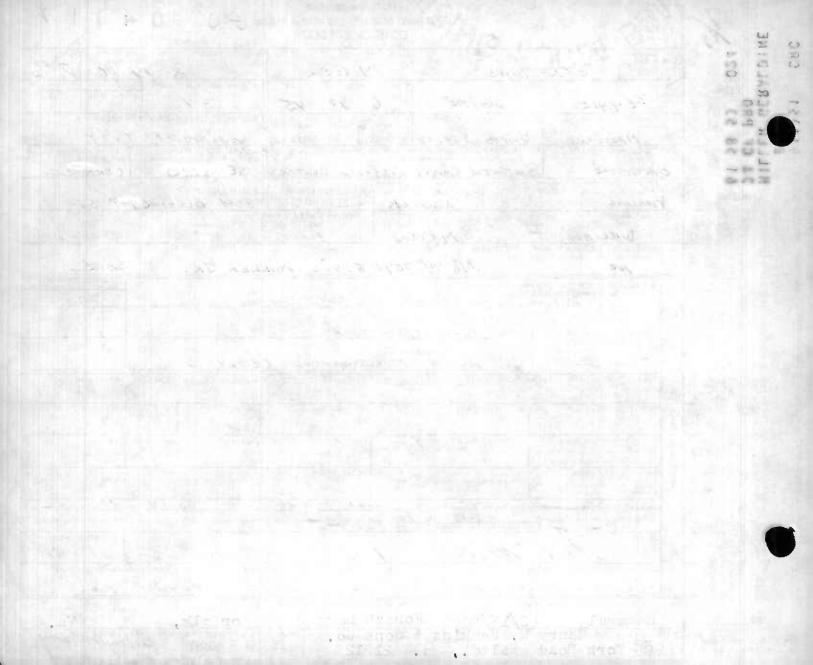




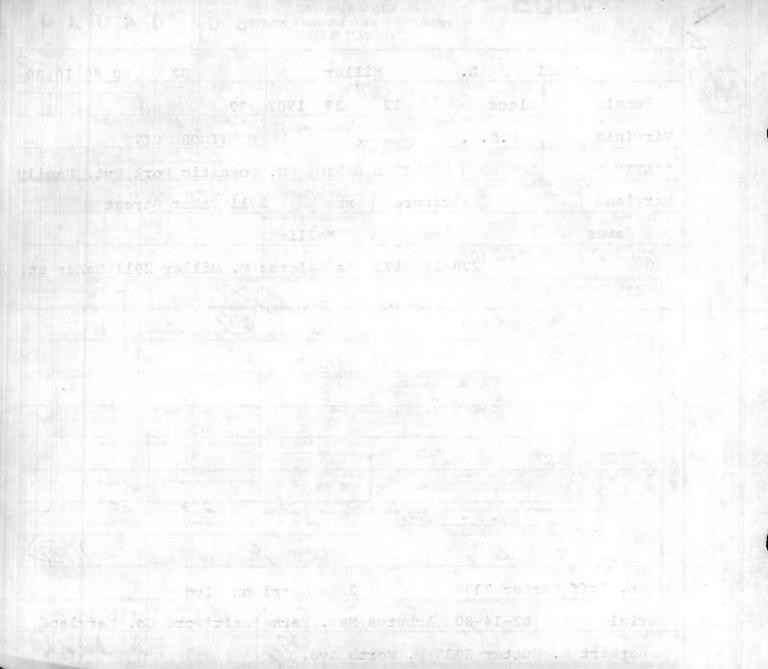
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a DATE OF DEATH ERIC ALAN MTCHAELS ST YEAR 2h HOUR (TYPE OR PRINT) OLL 80 Eric Alan Michaels 02 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAYS HOURS MAI.E WHITE To BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City BALTIMORE . MD. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Raltimore MERCY HOSPITAL . INC CHTI.D ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 619 E. 34TH ST. # 21218. YES X MD. BALT TMORE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WINIFRED KL INE MICHAELS FRANK 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT 619 E. 34th ST. LYES NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) NONE KLINE : WINIFRED NO BALTO. 21218.MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE NEURO DEGENERATIVE DISEASE Canditions, if any, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 and Mi 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated (did not) view the body ofter death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT 22e ADDRESS the S 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SACRED HEART CEM. 2-6-80 7401 GERMAN HILL RD. BA.CO. MD REGISTRAR 25b. REGISTRAR'S SIGNATURE 901 S. CONKLING ST. DHMH - 16 50M 1/76 (VR A 15 (4)) BALTO., 21224.MD.

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(VRA 15, 4) 1/79



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death. Pa	70. BI	RTHPLACE ISTATE OR FOREIGN DUNTRY Land	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	COUNTY OF DEATH
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in 24 ho	130 S	AL RESIDENCE (IF NURSING HOMEO TATE 134 COU Har	other institution, give residence before the distribution of the d	ORE ADMISSION) WN 134. INSIDE CITY LIMITS? Q YES NO Z		21085 n Lane Joppa Md
mpletely ind 2 sho		ther's NAME dward	Jesse Dukes	St. Elva First	me Elizabeth	Weaver
he exect he pages 1 a pages 1 a	láa V	VAS DECEASED EVER IN U.S. AI (IF YES, GN NO	VE WAR OR DATES)		ADDRESS Lase Dukes :	2331 Orburn Lo Sr. Joppa,Md.210
he law requires that as been signed by th nit. Then please rem is prior to burial, cree lows any injury, or or	CERTIFICATION		NAMOW API	DEATH BUT NOT RELATED TO THE TERM CONTROL HOPERATION WAS PERFORMED	20a AUTOPSY? 20	ION GIVEN IN PART 1101 Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
ENDING PHYSICIAN: T r attending physician. R: After this certificate h e as the burial-transit per ealth and Mental Hygiene is marked or Item 18 shu	MEDICAL CERTIFI	TU C. 218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN	YES NO
DING Potter the street of the	MED	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TO HOSPITAL O'K ATTEN retained by the hospital or a TO FUNERAL DIRECTOR: should be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is		saw the deceased alive a	AC Mo	DEGREE ATTENDING	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAN	
Bb Tas Of Street	23a (ourial, cremation, removal Specify Burial	1 23h DATE 23c	NAME OF CEMETERY OR CREMATORY t. Marks Episcop	23d LOCATION	
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR OWARD K. MCC	Box	137 Cokesbury ¹⁵ -Rd ¹ 3don, Md. 21009FF	E REC'D. BY REGISTRAR 256	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 20. DATE KNOWN X MONTH ANET Dorothea Mills 80 DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE PRONOLINCED black 80 la. DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR MARRIED | NEVER MARRIED Baltimore City WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Johns Hopkins Hospital Baltimore WE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? COLE WAN IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO T 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 2/24/80 Assistant DATE TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER SIGNED **EXAMINER'S NAME** R. Guard, M.D. DORESS 111 penn Street, Balto, MD 21201 Hormez TYPE OR PRINT 8-80 MT. Calvary Cins DHMH - 17 Ickson Fun. Home -1129 N. Caroline (VR A15 ME (5)) 15M 7/76

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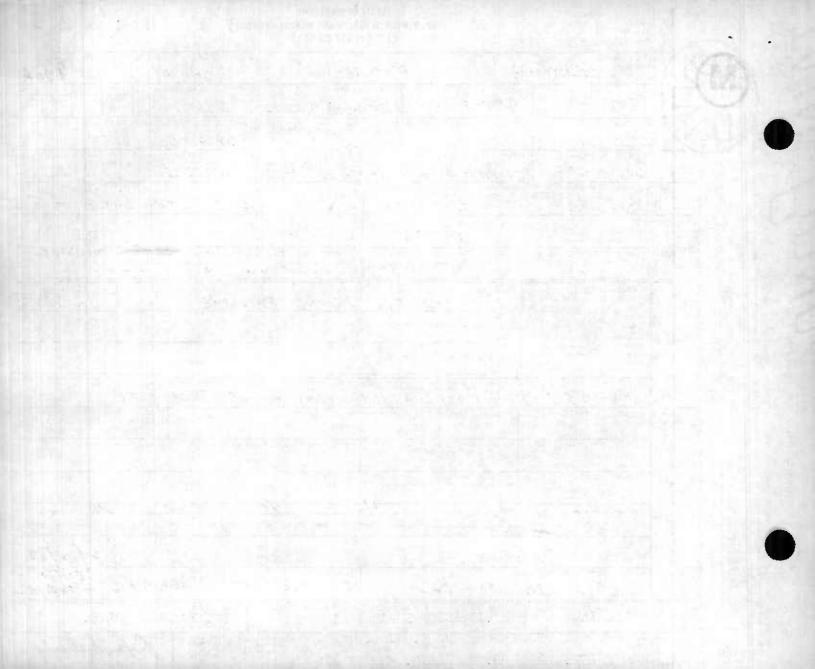
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2ª DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) MINK FEBRUARY 13. 6:45 NORMAN 1980 DALE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH Feb. 1, 1957 HOURS Male White BALTIMORE CITY OF COUNTY OF DEATH BALTIMORE CITY To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Harford Co. Md. TISA WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) Operator at Md. Cup Corp. Baltimore, Md. JOHNS HOPKINS HOSPITA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Walgrove Road 13a STATE Reisterstown 13d. INSIDE CITY LIMITS? Md. NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Stanley Prather Mink Frances ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-70-6581 Mr.George W. Randall Reisterstown, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY mountest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Crute PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 214 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY/ STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) this hospital) attended the deceased from and that in (my) (our) opinion death accoursed on the date and hour and from the causes stated sow the deceased plive on, abave (1) (we) (did (did not) yiew the body after death 226. SIGNATURE DEGREE ATTENDATION APPROXED BY MEDICAL EXAMINER PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS BENDER MO 236. BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Bel Air Harford Co. Md. Burial Feb.16,80 Bel Air Memorial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Eline Funeral Home Reisterstown, Md. 21136 (VRA 15, 4) 1/79

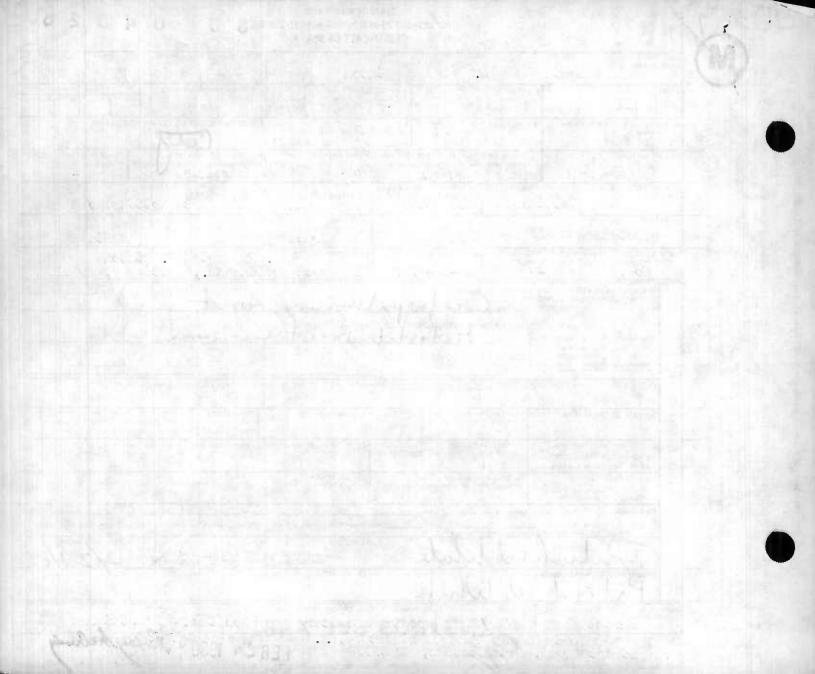
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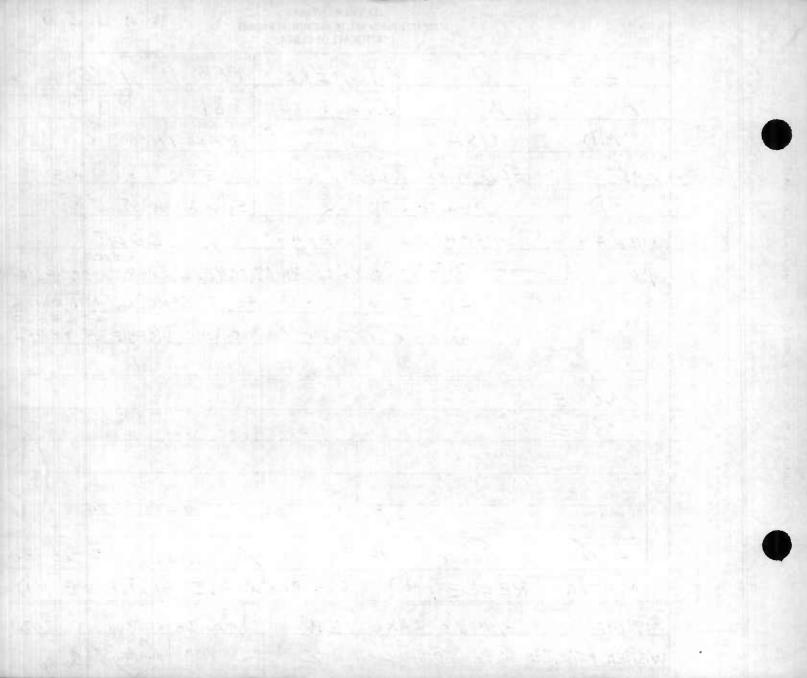
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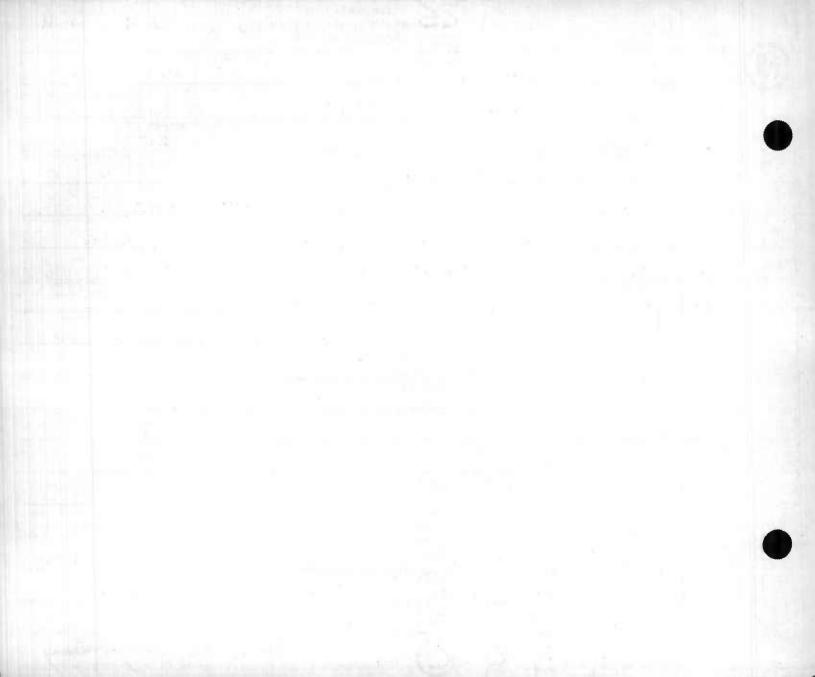




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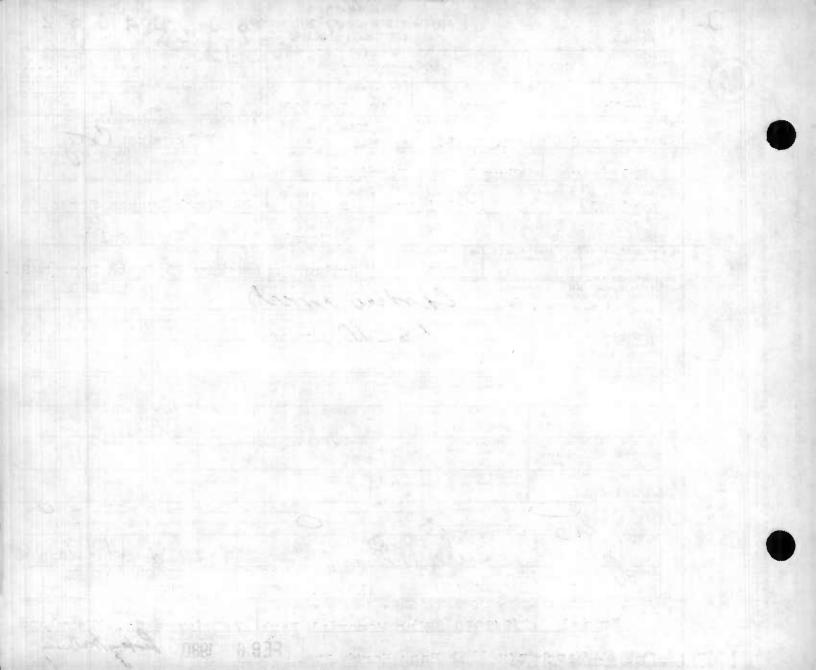


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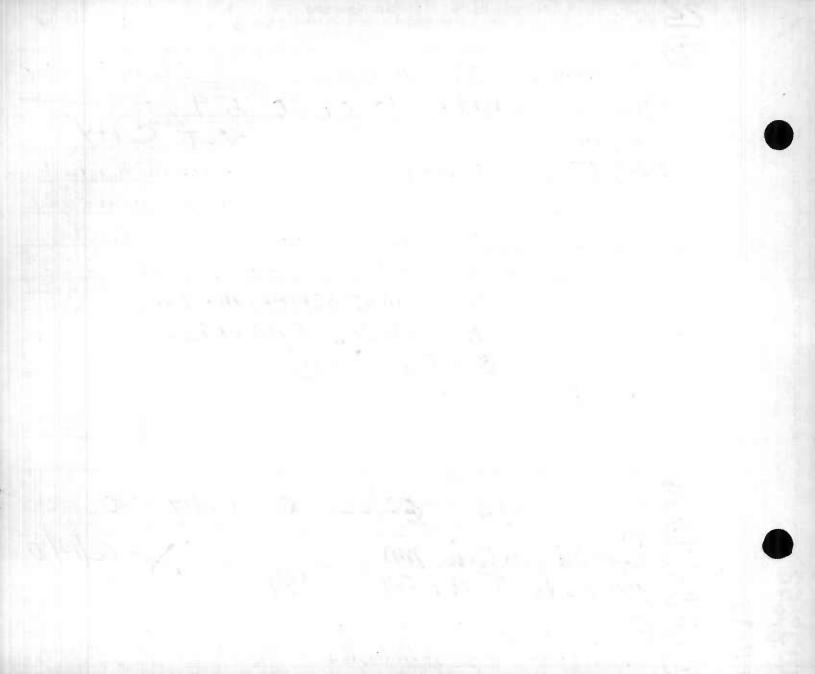


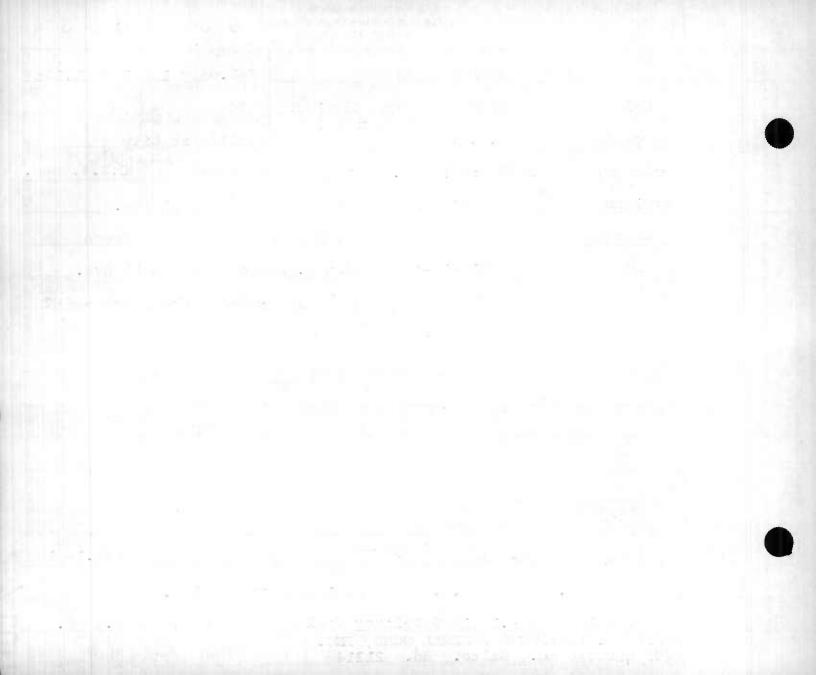
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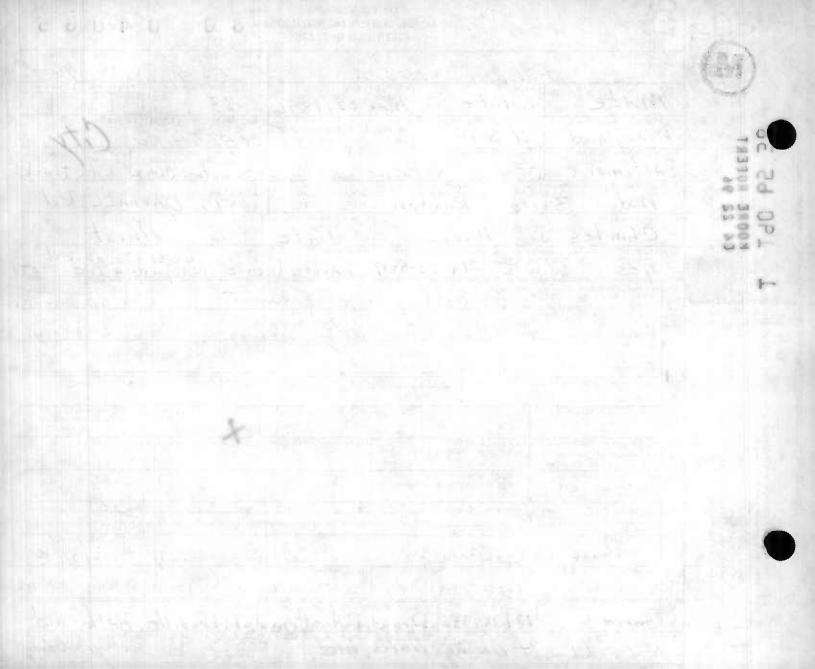


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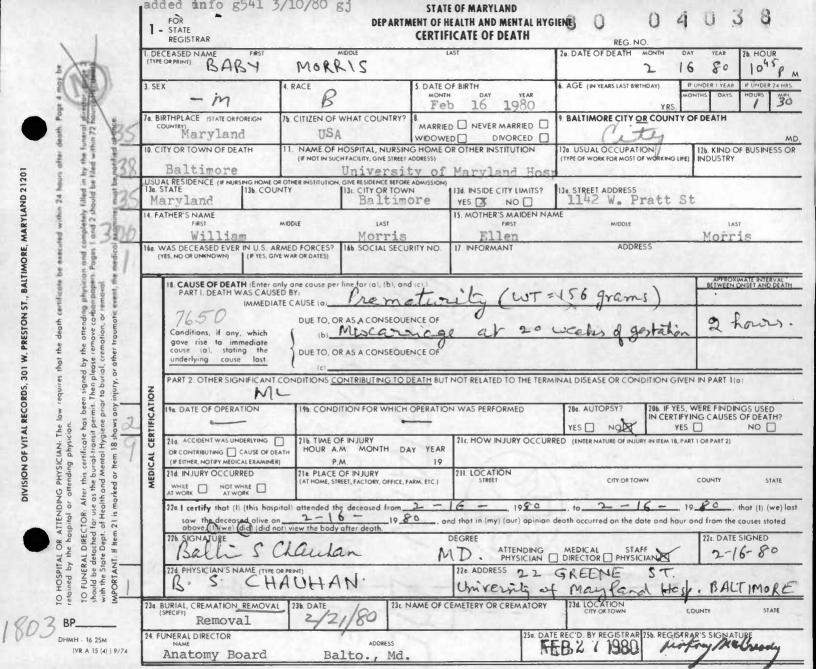


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME LAST 7a. DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MAL. YRS. TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH. TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ACC USUAL RESIDENCE (IF NURSING HOME'OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13R STREET ADDRESS WE EN YES [TOM 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 100ve 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 14531 20 (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATESL 6.5 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUFTO ORASA CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NO CERTIFICAT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 'n IN CERTIFYING CAUSES OF DEATH? NOF NO I YES [Hygin 00 214 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 -0 21d. INJURY OCCURRED 21R PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22a | certify that (1) (this haspital) attended the deceased fram. 80 80 saw the deceased alive an a, and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 27h SEGNATURE DEGREE 22c DATE SIGNED FUNERAL [buld be detach th the State O ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN ORTAN 174 PHYSICIAN'S NAME MYRE OF PRINTS 22e ADDRESS TOHNS TOTTLI ER wo MEDICING 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 13c NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN STATE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79



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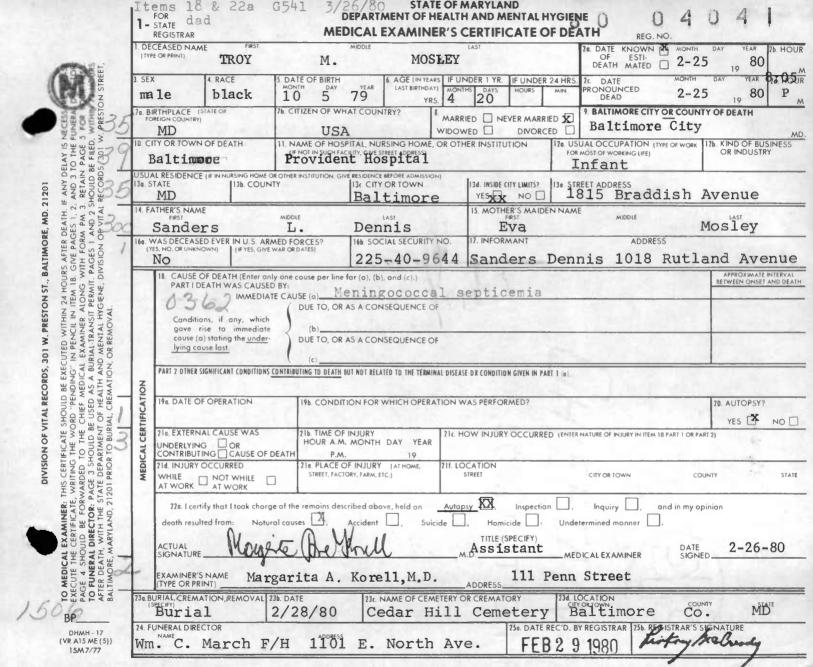


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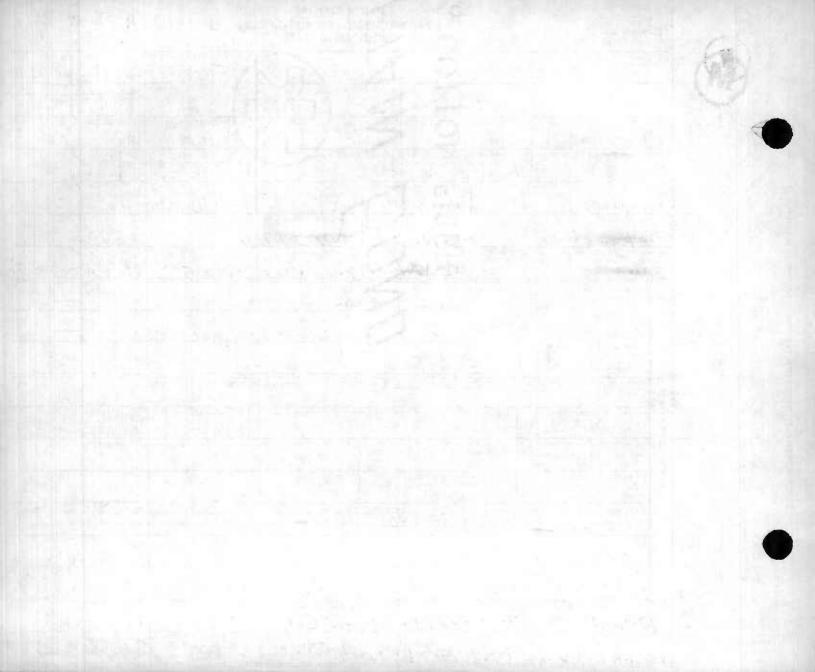
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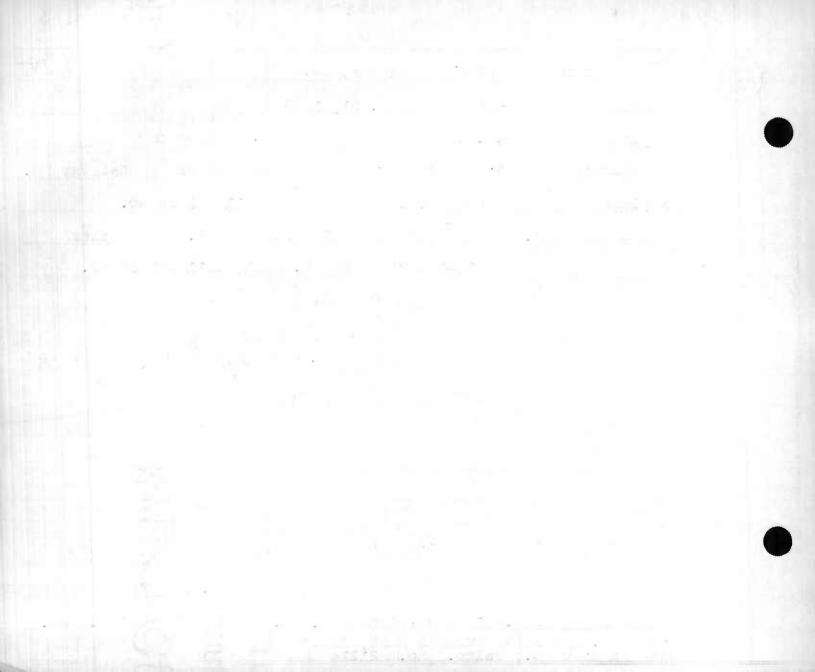
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	equires n signe Then pl ra bur injury, a	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART No
DIVISION OF VITAL RECORDS,	no. has bee permit the prior was any	CERTIFICATION	190 DATE OF OPERATION		RE FINDINGS USED CAUSES OF DEATH?
OF VIT	PHYSICIAN: The ending physician this certificate had build-transit p to Memal Hygien dar tem 18 shaw dar tem 18 shaw		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR 1/1/500	R PART 2)
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221	Q € Q € ₹ ₹	23a. B	URIAL, CREMATION, REMOVAL	236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY OF TOWN COUNTY	TATE
211	1	24 FE	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
	DHMH - 16 50M 1/76 (VR A 15 (4))	-	BIAH L. BROW	N 450N 1913 W. RA/to ST. FEB 27 1980 Friting	Scalredy





02-29-80

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

REGISTRAR

ENTOMBMENT

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

I. DECEASED NAME

- STATE

TYPE OR PRINT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LOUDON PARK MAUSOLEUM

21229

REG. NO

MONTH

26 HOUR

126 KIND OF BUSINESS OR

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21012

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

LA FRANCE DE L'ANDRELY

22c. DATE SIGNED

MARYLAND

INDUSTRY

20 DATE OF DEATH

TATER OR STIPLE TO THE STATE OF 800 CATON AVII. DALTO NO. 21028

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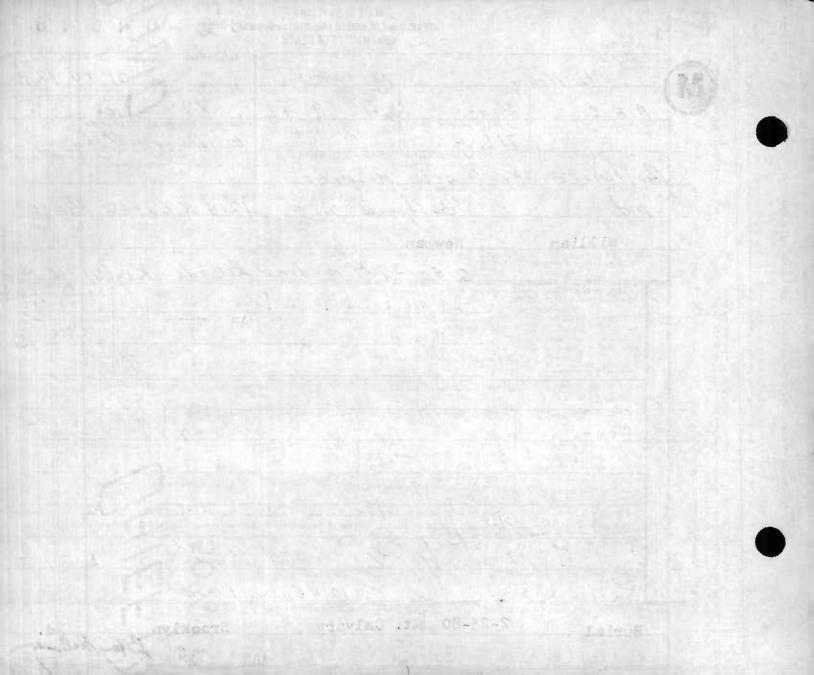
1				STATE OF MARYLAND		
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	(TYPE	CEASED NAME FIRST OR PRINT)	t M.	NASH	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
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with the State D		22d. PHYSICIAN'S NAME (TYPE O	1. SAKER	m.o. Sinier	Aespital	
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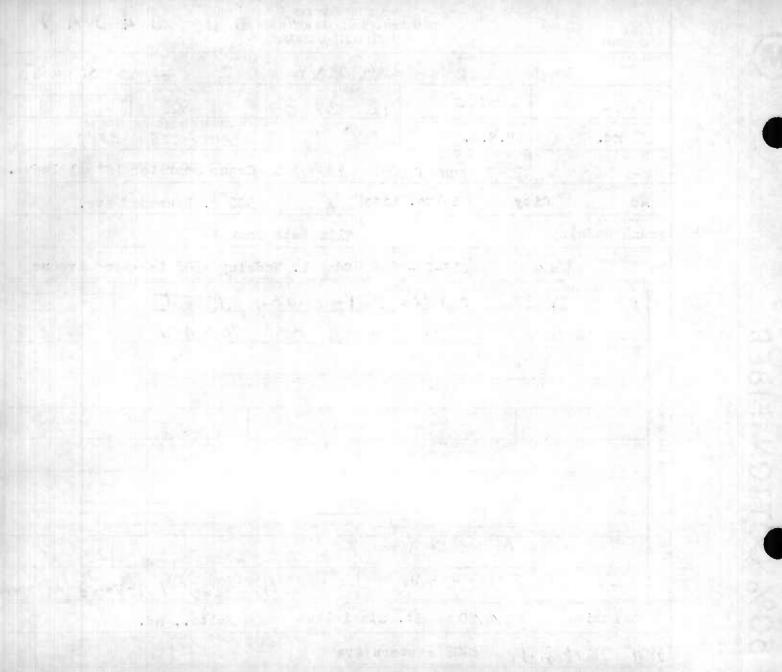
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ow ow remit prior	0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
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DIVISION OF OUT OF OUT OF OUT OF OUT	_				7/	12/2 12		15 50	
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DIRECTOR	1		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.		DEGREE FOY			TE SIGNED
the Designation of the Company of th			1117	Anne		ATTENDING PHYSICIAN	MEDICAL STAF	F _ 3	12/80
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(VRA 15, 4) 7/7		6	010 REISERSTOW			21215	B 7 1980		



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PRE de		gave rise to immediate	10)	<i>y</i>			13
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DIN or g		22a.l certify that (I) (this haspi	ital) attended the deceased	from 1/3	10 80	10 2/21	19.80 , that (I) (we) last
TOR: for us of He		yow the deceased blive on	2/21	5161	d that in (my) (our) apiniar	death occurred on the de	ate and haur and from the causes stated
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OR AT OR AT DIRECT oched fo Dept. o		IN SIGNATURE /	17-1111	h le	ATTENDING	_ MEDICAL _ STAI	FF 4 0 0 P-
RAL det		/110	1000	-	PHYSICIAN	DIRECTOR PHYSIC	IAN [] 2 2/50
SSPI id b id b id be id be id be id be		274 PHYSICIAN'S NAME (THE O	R PRINT)	//	11e. ADDRESS	01	
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6		1	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENB O	0 4 0	49
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AND 21	n 24 hour filled in hould be	5 130.	JAL RESIDENCE (IF NURSING HOME OR STATE Md	other institution, give residence 13 Ball	RJOWNCity	13d INSIDE CITY LIMITS? YES 🐴 NO 🗌	508 S. Lak	ewood Av	e.
MARYL	ecuted within d completely les I and 2 she	OF:	rank Nodolny	NODLE LA		IS. MOTHER'S MAIDEN NAME Elizabeth F	ackett MIDDLE		LAST
TIMORE	o ond Poges		WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVE	11110 000 0 11001	1 SECURITY NO. 19-0646	Edna L. Nod	olny 508	ss Lakewwod	Avenue
05, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certificate b signed by the attending physicial Then please remove corbangopers, to burial, cremation, or removal niury, or other traumatic event, the	NO	PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (c)	ISEQUENCE OF	MA OF	STO MAC	H	ART 1(0)
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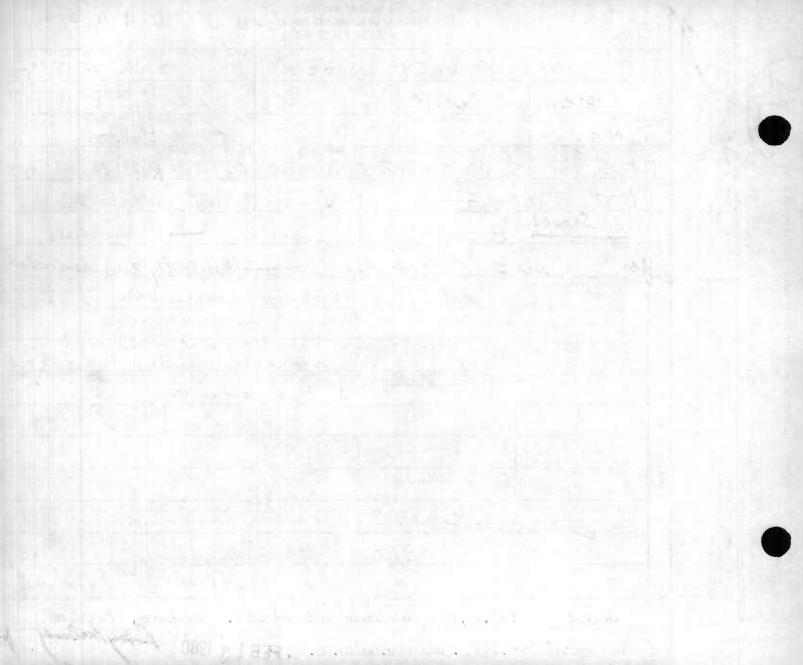
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

(VRA 15, 4) 1/79

STATE OF MARYLAND

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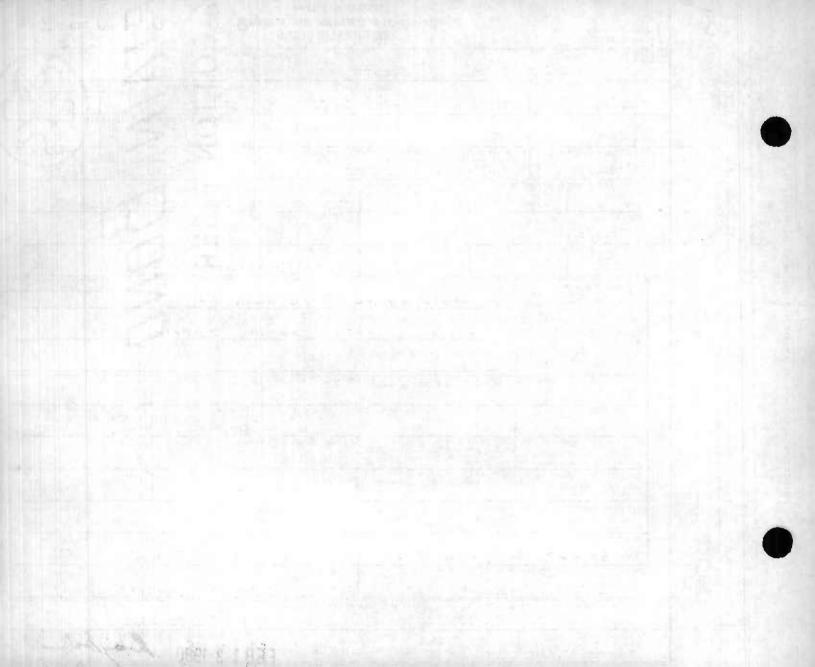
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NR ATTENI haspital iRECTOR: thed for us rept. of He them 21 is		220.1 certify that (I) (this has	pital) attended the deceased from	DEGREE ATTENDING	MEDICAL STAF	te and hour and from the couse:	
TO HOSPITAL Coronined by the TO FUNERAL D should be detoc with the State D IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS	BEN HOSP.	3001 S. HAN	ND.
Bb Bb	23a B	BURIAL, CREMATION, REMOVA SPECIFY) Burial		ME OF CEMETERY OR CREMATOR	v 123d LOCATION	more, commanyland	
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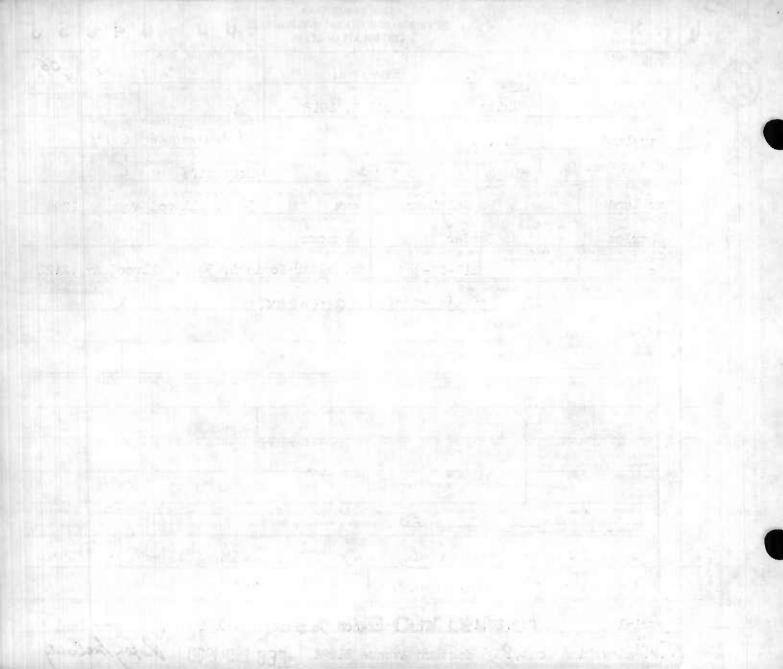


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) Delia Norton Feburaru 10.1980 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX 4 RACE 5. DATE OF BIRTH Female White July 1, 1891 O BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ireland USA Citu WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore 3005 Harview Avenue Housecleaning domsetic DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3005 Harview Avenue Ma Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Patrick Norton Maru ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIFYES, GIVE WAR OR DATES! 220-40-8335 no Mrs. Brigid Fitzpatrick APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)_ MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF B) ARTERIOSELEROTIC DISEASE HEART Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on TANUBAY 23 obove, (I) (we) (did) (did not) view the body after death. .. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 2/11/80 should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS David G. Simpson 601 Medical Arts Bldg, Baltimore, Md 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Feb. 13,1980 New Cathedral Baltimore, Maryland Buria1 24 FUNERAL DIRECTOR 25a DATE REC'D, BY REGISTRAR 25b. REG DHMH - 16 50M 1/76 (VR A 15 (4))

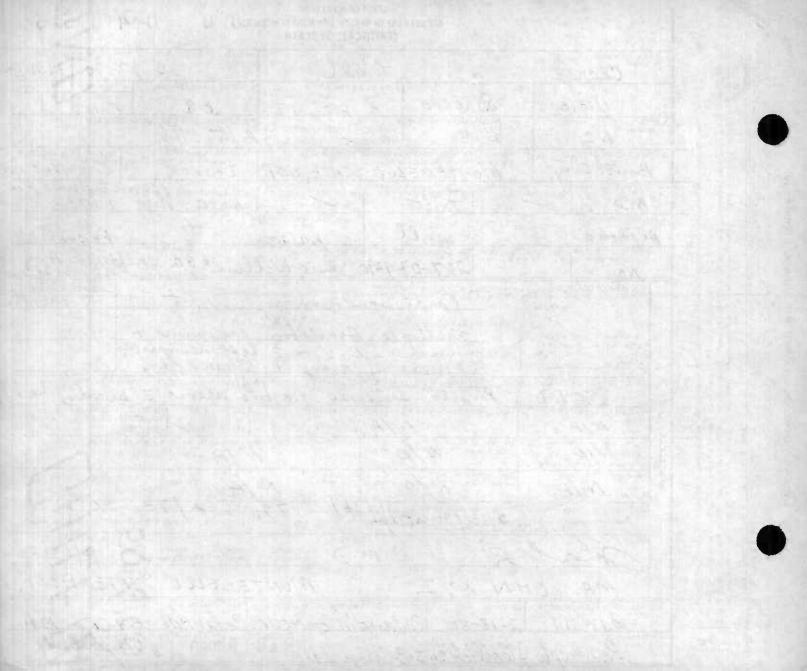
Leonard J. Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) **EDWARD** MESSLE. SR. G. 4 RACE IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR HOURS. MALE WHITE 8 13 66 TO BIRTHPLACE STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY U.S.A. **MARYLAND** DIVORCED [WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION 126. KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO G&E JOHNS HOPKINS HOSPITAL ENGINEER BALTIMORE MARYLAND 21201 BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE ARYLAND 21227 HALETHORPE 5705 FRIENDSHIP ROAD YES T NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST LAST **JOHN** NUESSLE **EDNA** M. COLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 5705 FRIENDSHIP RD. VIRGINIA M. NUESSLE 212-05-5966 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OF VITAL RECORDS, 201 W. PRESTONST DUE TO, OR AS A CONSEQUENCE OF FALLURE Canditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. UNKOUN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION MULLE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2-11-80 TRACO-ABDOMINAL ANEVRUSA YES [NO F 21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased from. saw the deceased alive an 7-13 and that in (my) (aur) opinion deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS TOHNS HOYKINS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE COUNTY (SPECIFY) 2/16/80 BURIAL MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MD 25g, DATE REC'D, BY REGISTRAR 25h, RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH=16 50M 7/77 ADDRESS (VR A 15 (4)) HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229



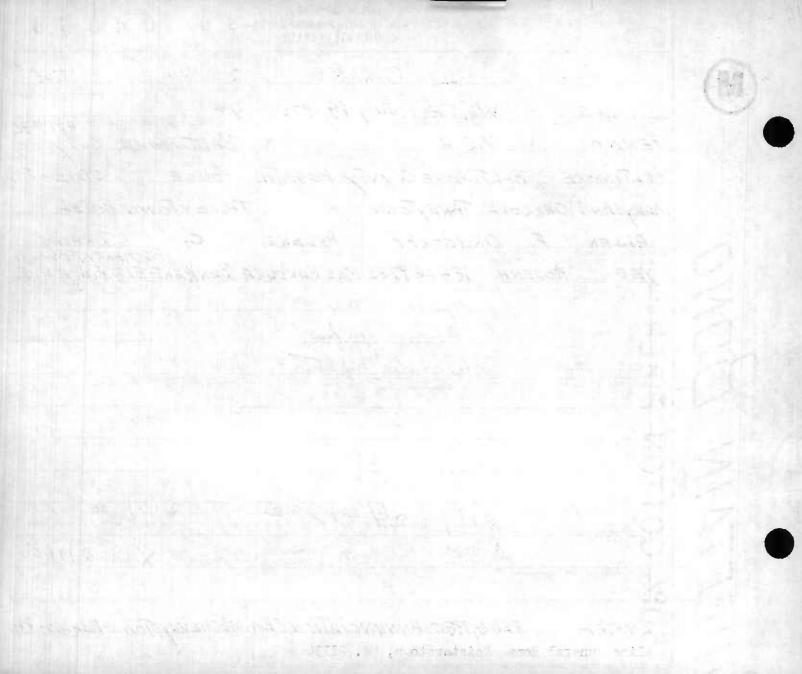
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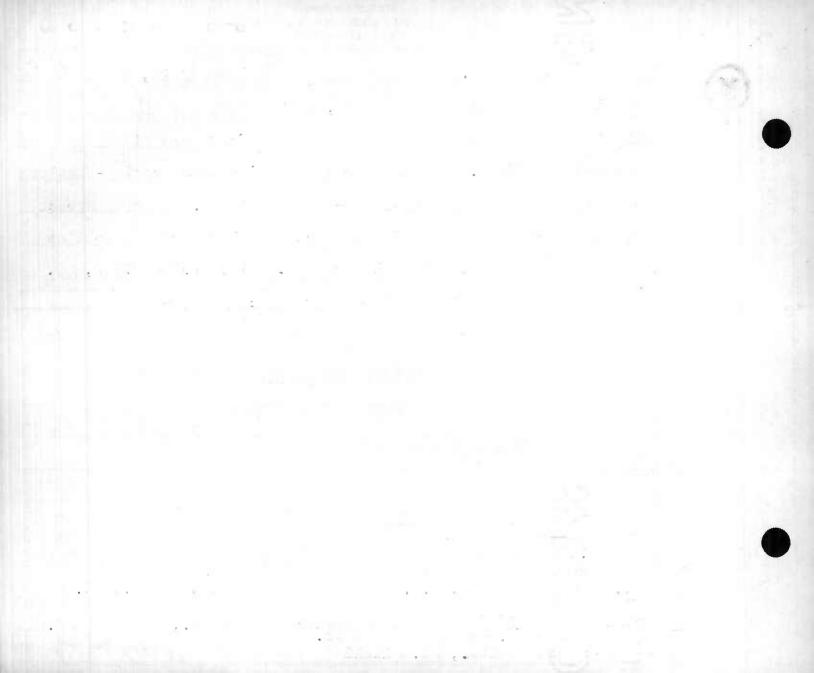
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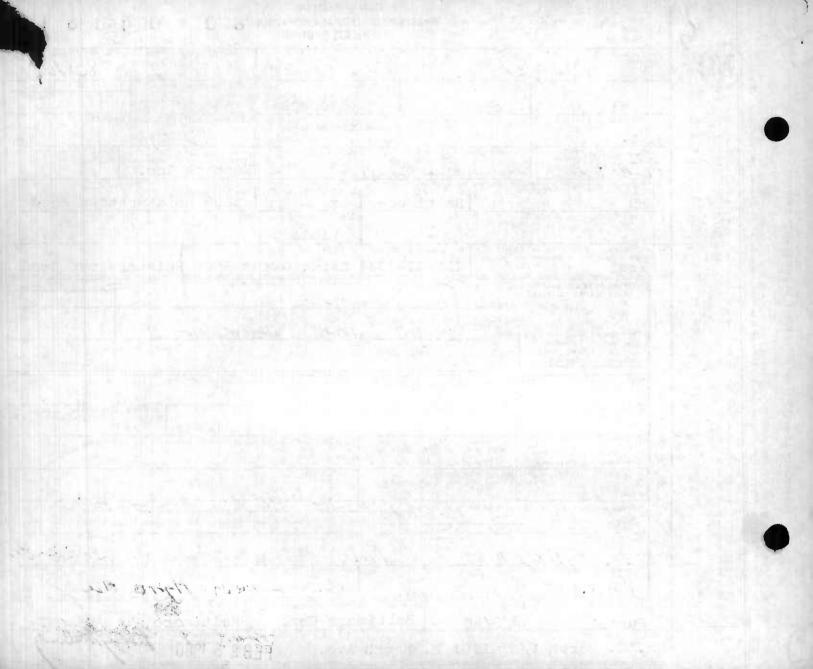
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DIVISION OF VITAL RECORDS,

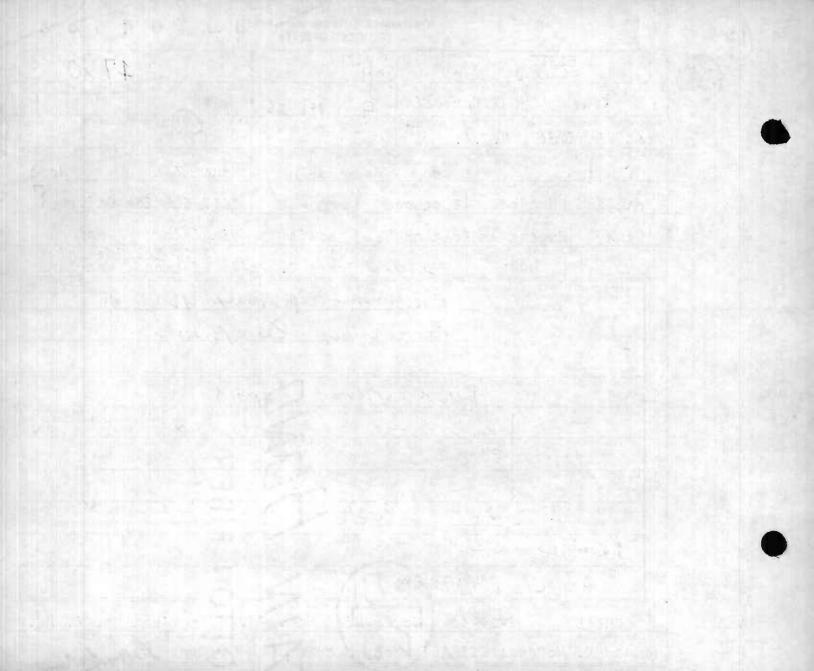


- 5	1	STATE REGISTRAR		DEPA	CERTIF	EALTH AND MENTAL I	YGIENE () REG. NO	0406	
(M)		CEASED NAME FIRST		IDDLE	Ou	ens	20. DATE OF DEATH M	2 28 80 /	HOLE
4 1	3 SE		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOL	UNDER 24 HRS
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AND 212	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, C JINTY	Balti	OWN	138. INSIDE CITY LIMITS YES NO		sterstown Ro	oad
MARYLA ted within ompletely I ond 2 sh	14 F	ATHER'S NAME FIRST	MIDDLE	LAST		Viola	NAME	LAST	
execut ond co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SE	2-3334	17. INFORMANT	ens 3609 Re		Dond
T., BALTIA tificote be physician in papers. F smovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per li SED BY: ATE CAUSE (a)			Shock	ens 3009 Re	APPROXIMATE BETWEEN ONSET	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hour ottending physician and completely filled in the this certificate has been signed by the attending physician and completely filled in as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be if the and Mental Hygtene prior to buriol, cremation, or removal. The page of the medical examiner must be arready and the medical examiner must be arready at the medical examiner must be arready.	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR	AS A CONSE	W L	obar Pa	Rumovia		
or signer or to burn of injury, or	NON	PART 2. OTHER SIGNIFICANT	CONDITIONS COL	ntributing 1	O DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDI	TION GIVEN IN PART 10.	
TAL RECO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHI	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES \(\sum \)	USED DEATH?
ON OF VITAL IYSICIAN: The ding physicion is certificate buriol-tronsit Mental Hygie		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		MONTH	DAY YEAR		URRED (ENTER NATURE OF INJURY	N ITEM 18, PART 1 OR PART 2)	
IVISION IG PHYS offendin ter this of s the buy ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN spitol or CTOR. Af for use o of Health		220 I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	n - 3	20 19	6-7/1	that in (my) (our) opini	on death occurred on the date	2B, 19 BD, that ((I) (we) lost es stated
PITAL OR A by the hor LERAL DIRECTER LORE DE CATOLINE OF CATOLINE		M.a.all	Ind.		M.	ATTENDING PHYSICIAN		221. DATE SIGN	3-80
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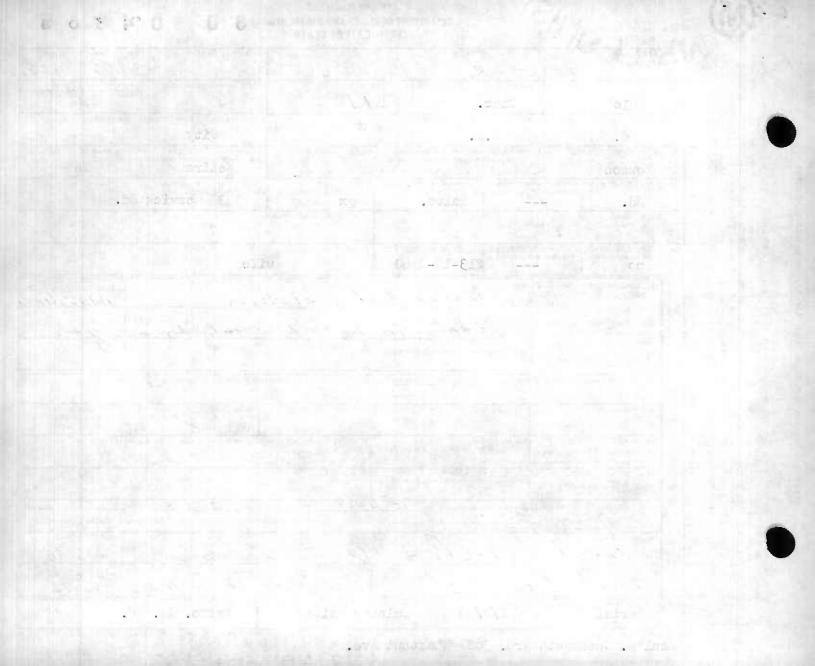


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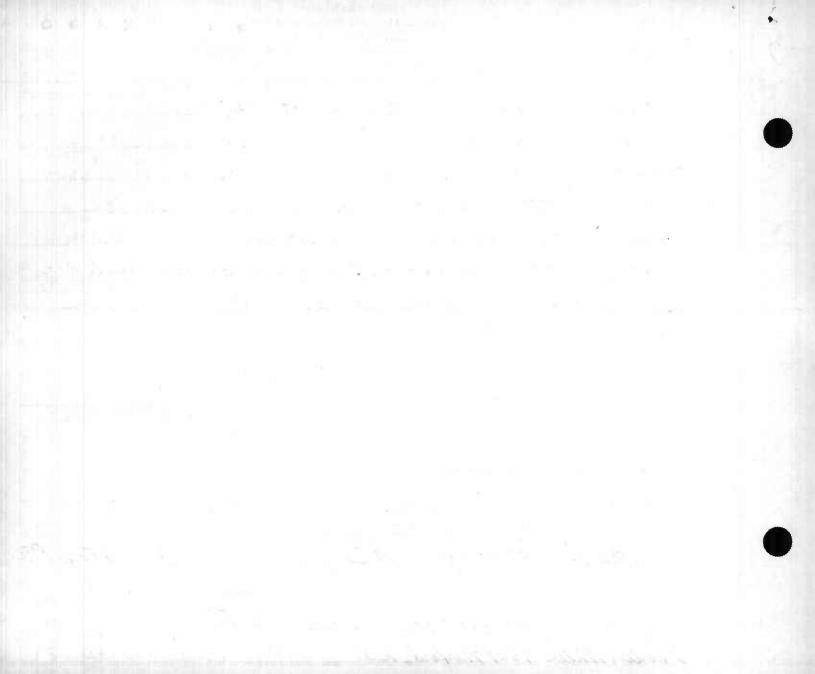
	1	STATE OF MARYLAND	
)	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS OF GERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.	
(M)	1 DE	CEASED NAME ELSTE GENEVA PAFF. 20 DATE OF DEATH MONTH 2 17 YEAR OF HOUR	٨
2	3 SE	remale wearsian part par 23 56 yrs Months Days Hours M	HRS AIN
10 22 h	We	RTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMGIE CITY OF COUNTY OF DEATH OWN	W
Page 1		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME	OR
should be	13a .	AL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) THATE: Aryland Harford Edgewood Is MOTHER'S NAME ATHER'S NAME ALCOUNTY 136 EFFOR ADMISSION 136 CITY LIMITS? 130 STREET ADDRESS. 3.017 Ebbtide Orive 1.1 THER'S NAME IS MOTHER'S MAIDEN NAME	
ond June 1		Henry Eugene Rohrbaugh Essie Virginia Hawk	
S. Pages		vas deceased ever in u.s. armed forces? 166 social security NO. 17. INFORMANT 30109 RESEBBLICAE Drive (IF yes, Give war or dates) 227-22-24 James C. Paff Edgewood, Maryland	
event, th		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PREMIMEN ONSET AND DEA TO BUILD APPROXIMENT ON SET AND DEA ONSET	ATH
se remave carb , cremation, or other other traumatic		Due To, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause [0]. stating the underlying cause lost Due To, OR AS A CONSEQUENCE OF	
Then pled to burial injury, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
shows ony ii	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO	
Mental Hygi or Item 18 sh		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
of thand Me morked or 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE	ı
for us of He 21 is		220.1 certify that (1) (this hospital) attended the deceased from 12:21 19 79 to 2 1 19 80, that (1) (we) sow the deceased alive an 2 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did (did not) view the body after death.	
be detached e Stote Dept. TANT: If Item		226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT) RAJAROM 22e. ADDRESS	
, , ,	L'	BURIAL 2-19-80 Holly Hill Mem. GdNiddle River Balti. Md.	
0M 1/75 (4))		ward K. McComas III Abengdon, Maryland FEB 2 0 1980	
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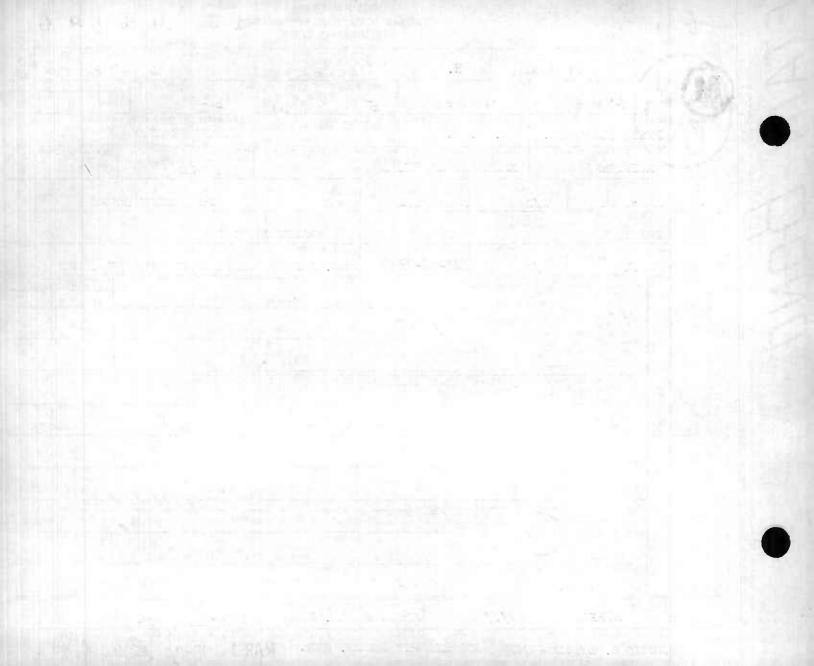


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requires that the deoth ce en signed by the attendin 1. Then please remove carb or to burial, cremation, or r y injury, ar other traumatic	TION	Diabete	DUE TO, OR AS A COMMISSION OF THE PROPERTY OF	NSEOUENCE OF				
The law residion. The hos been not permit. I give prior shows any in	CERTIFICATION	19a DATE OF OPERATION		WHICH OPERATION WAS PE	RFORMED	20a AUTOPSY? YES	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO [
DING PHYSICIAN: The hor offending physicion. After this certificate hose is on the burial-transit per oith and Mental Hygiene marked or flem 18 shows	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M. MONT	TH DAY YEAR		O (ENTER NATURE OF INJURY	(IN ITEM 18, PART I OR PART 2)	
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he hospital DIRECTOR: oched for us Coppt of Hem 21 is			hospital) offended the deceased ve of a b 11 lid dail view the body after death	from Jan. 23 19 80 , and that in (ATTENDING	MEDICAL STAF	22c. DATE	that (I) (we) lose couses stated
ro Hospital efoined by th TO FUNERAL should be dete with the State		224 PHYSICIAN'S NAME (/	22° ADD 4607		venue Bali	to. Md.	01/8
28P	0	BURIAL, CREMATION, REMO SPECIFY)	DVAL 236. DATE FEB. 14, 1980	HOLY REDEE	MER	23d. LOCATION CHYORTOWN	COUNTY	STATE
DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIRECTOR	ADDI	RESY 1 PM		1 3 1980	Sh. REGISTRAR'S SIGNA	TURE

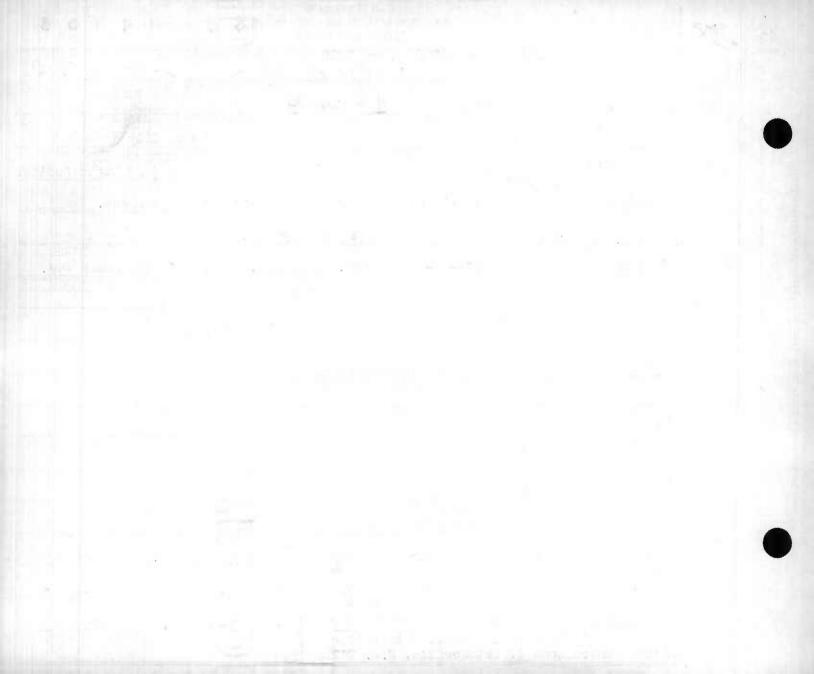




- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN O 4 0 6 CERTIFICATE OF DEATH REG. NO.	9
yy be	CEASED NAME FIRST MIDOLE LAST 20. DATE OF DEATH MONTH DAY YEAR 28. PARSON 02 09 80 3	HOUR 308 PM
oge 4 mo	MAIR CULITE MONTH 4/23/01 78 YRS MONTHS DAYS HOL	URS MIN
deoth Pour Vinerol di hin 72 ho	INTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED SALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED SALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED SALTIMORE CITY OR COUNTY OF DEATH	MD
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be execution on one construction on one construction one	WAS DÉCEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2	bove
201 W. PRESTON ST., BAI es that the death certificate ned by the attending physici please remove carbon paper uriol, cremation, ar removal.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	A CONTRACTOR AND THE
ALRECORDS, She low require on hos been sign permit. Then, permit Then, ows ony injury,	A-16 any whation (2) (eg. 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	USED DEATH?
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8	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENG ()	140/4
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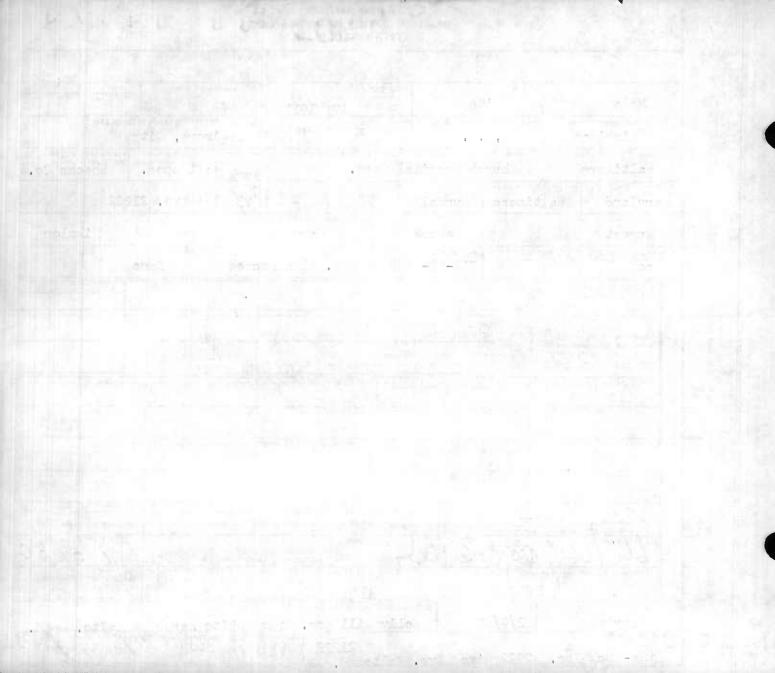
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

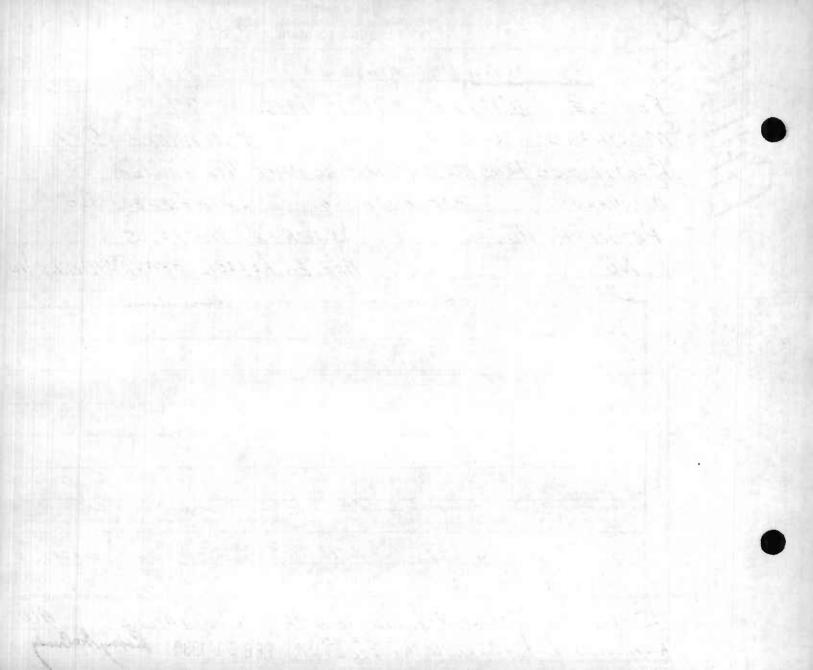
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that the death cent thy the attending p note tembre curbon of cremation, premi- cother traumatic ever		Conditions, if any, which gave rise to immediate cause io, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	g Hores	
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d permit	RTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
SECIAN: og physic certhicol certol dental My mem 18.5	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
ufferding the the or the bo	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	'n county state
ATTENDI Aprital or CTOR A f for our of for our		22a.l certify that (Nathiscrospital saw the deceased blive on above, (Niwe) (did) (did nat) v	view the bady after death. 19 80 and that in (my) (our) opinion		ste and hour and from the couses stated
TALOR by the hu RALDIRE detache detache hort if the		1226 SIGNATURE	Shacke MD ATTENDING PHYSICIAN [MEDICAL STAR	
O HOSPI TO FUNE Medid be with the S			Strucke Balto	City h	Posp
03 BP	1	SURIAL	236. DATE 23. NAME OF CEMETERY OR CREMATORY 2/23/80/AKEVIEW EM.	DALT I	TORE MO
DHMH - 16 60M 1/75 (VR A 15 (4))	10	UNERAL DIRECTOR	ADDRESS . ADDRESS	TE REC'D, BY REGISTRAN	This fay helvedy



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR . DECEASED NAME 2b. HOUR O DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-ROBERT PERREAR 80 DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST SIR JHDAY) PRONOUNCED .80 8:24 Male black 24 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED 12h KIND OF BUSINESS ID. CITY OR TOWN OF DEATH OCCUPATION ITYPE OF WORK OR INDUSTRY Baltimore Baltimore Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MIDDLE e551A ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) FIF YES GIVE WAR OR DATES! DIVISION KessiAh 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH Shotgun wound of face PART I DEATH WAS CAUSED BY: -shotgun IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES XX NO [21a FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STATE AT WORK AT WORK Bar Room 803 E.Balto Street, Baltimore City. MD XX Inspection 22a. I certify that I took charge of the remains described above, held an Hamicide XX death resulted fram: Natural causes Suicide Undetermined manner FUNERAL DIRECTER DEATH, WITH TITLE (SPECIFY) 2/12/80 MEDICAL EXAMINER SIGNED EXAMINER'S NAME Margarita A. Korell, MD. ADDRESS 111 Penn Street, Balto., MD 21201 TOTO **DHMH-17** ProunCFH. 1206 W. Moreth Ace (VR A15 ME (5)) 15M 7/76

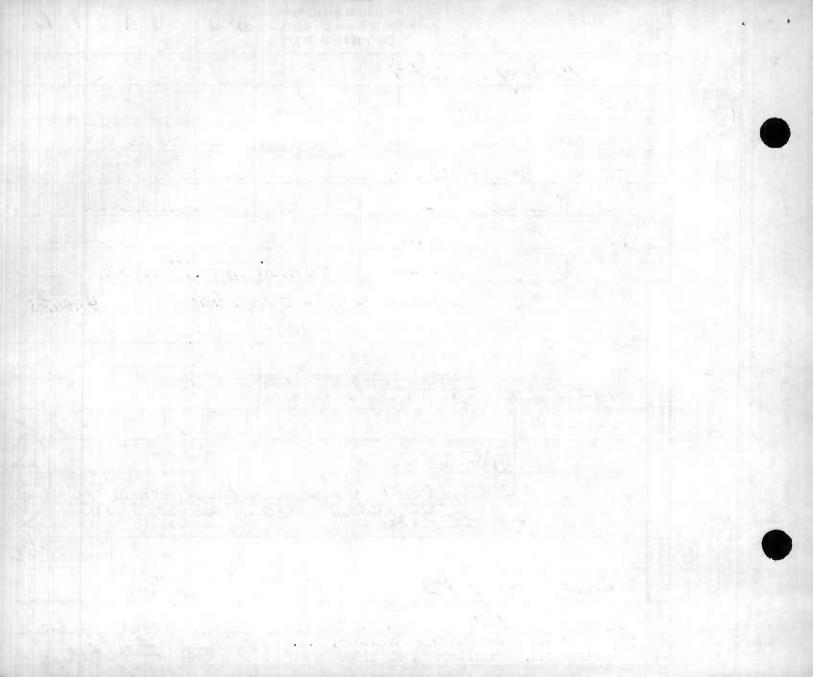
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH 26 HOUR LTYPE OR PRINTS 25 1980 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNGER LYEAR IF UNDER 24 HRS MONTH MONTHS DAYS HOURS White 54 26 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH New Jersey USA Baltimore City DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Good Samaritan Hospital Marine Engineer USMM PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 13a STATE 136 COUNTY 13e. STREET ADDRESS 6805 Collinsdale Road 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE John DeCosmo Petti Teresa 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Grace Petti (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Yes 6805 Collinsdale Rd., Baltimore, MD 21234 WWII 147-18-9049 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY COLON Z METASTASIS LECINOHA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 ETWSTOST 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [216. TIME QEJNJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL 3:19 P.M. TEB (IF EITHER, NOTIFY MEDICAL EXAMINER) IL LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ā AT HOME STREET, FACTORY NOT WHILE WHILE Ford Josephinas 220.1 certify that (1) (this haspital attended the deceased from XEG saw the deceased alive or , and that in (my) (our) apinian death occurred on the date and haur and fram the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22-DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME MUMPITAN. should be 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION 2/28/80 Rosedale Crematory Orange New Jersey CREMATION Orange 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 135 DATE RECO. DHMH - 16 50M 1/76 8728 Liberty Road, Randallstown, MD 21133 (VR A 15 (4))



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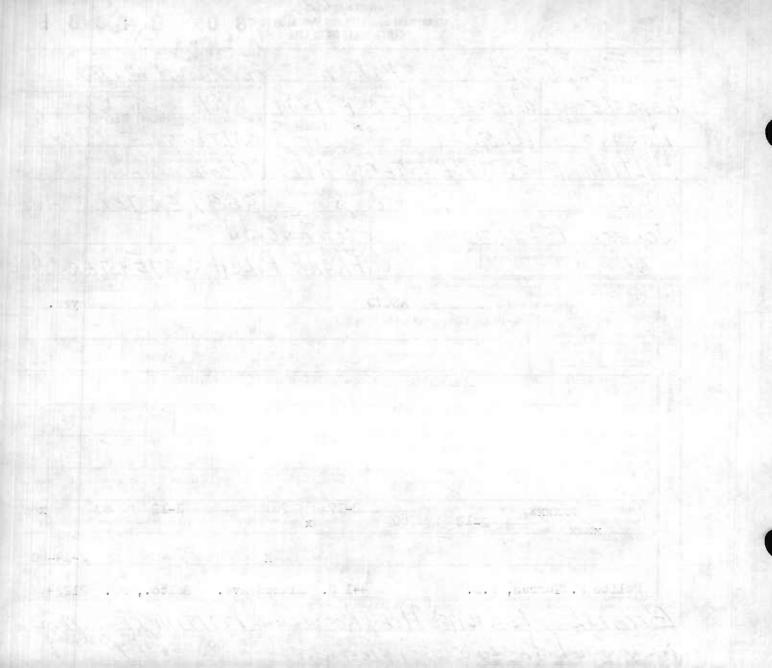
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

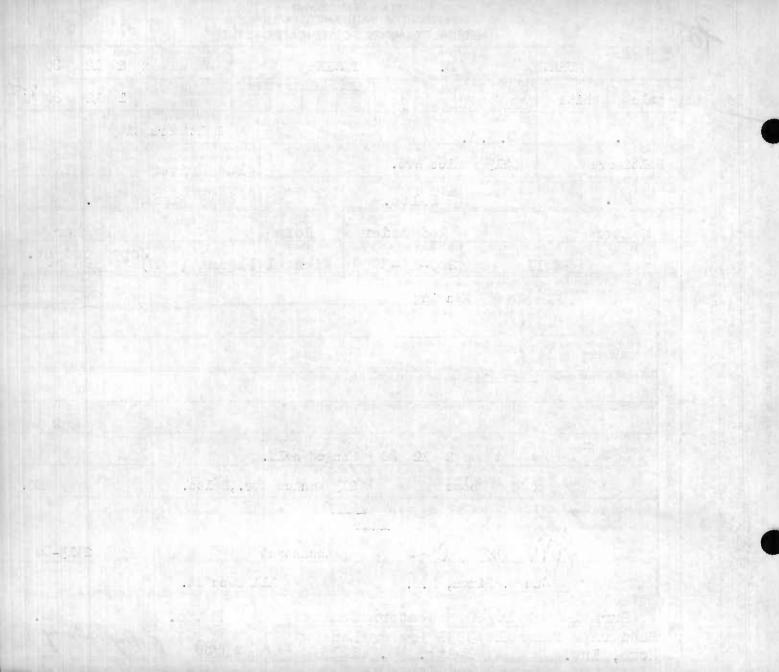
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-80 D. PIATNE 12 MURRAY 4. RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE PRONOUNCED 80 white male 11/20/24 DEAD 55 YRS L CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A Md. DIVORCED O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION LTYPE OF WORK 126. KIND OF BUSINESS Eunice Ave. Baltimore Bus Driver MTA USUAL RESIDENCE | IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 113h COUNTY Md. Balto. 6213 Eunice Ave. YESX NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Nagler MIDDLE MIDDLE DIVISION OF VI Reidmaier Walter Rose 17. INFORMANT ADDRESS Joppawood Ct. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) HE YES, GIVE WAR OR DATES 220-18-3909 Michael Plaine (son WW ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR HOUR A.M. MONTH DAY 0 MEDICAL Hanged self. 2 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.)

home Md. 6213 Eunice Ave., Balto. WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Undetermined manner death resulted fram: Natural causes FUNERAL DIRE TITLE (SPECIFY) 2-13-80 ACTUAL Assistant DATE SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. EXECUT PAGE TO FUR AFTER I 23g. BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Md. 2/16/80 Balto. Burial Western Cemetery 250, DATE REC'D. BY REGISTRAR 25b. 24 FUNETAL Schimunek Funeral ADDRES 3331 Brehms Lane **DHMH-17** (VR A15 ME (51) Balto. Md. 21213 Home. Inc. 15M 7/76



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

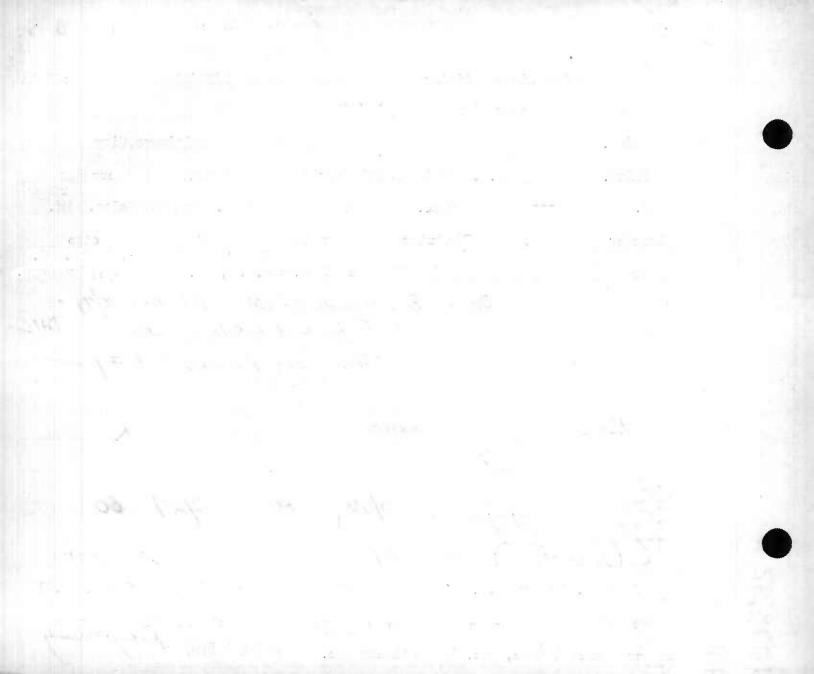
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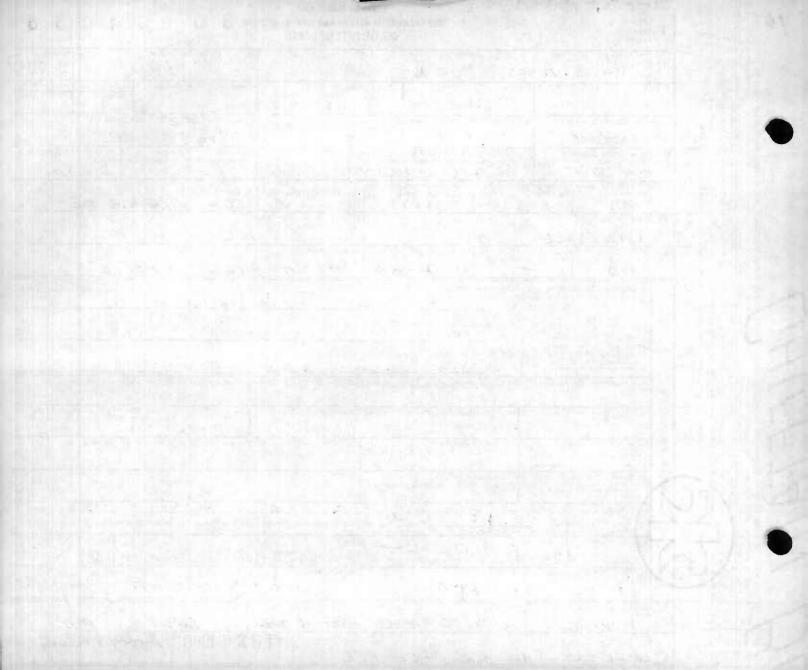
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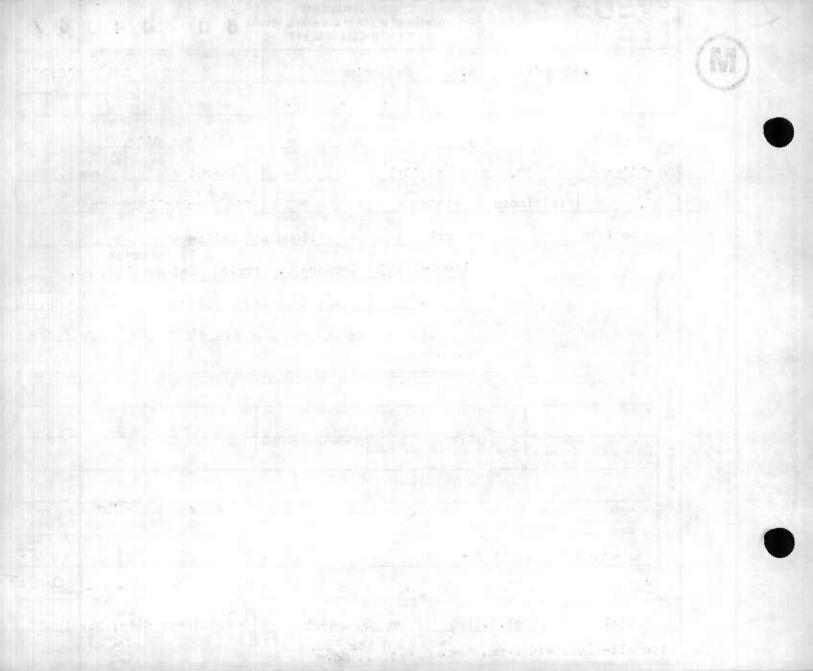
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

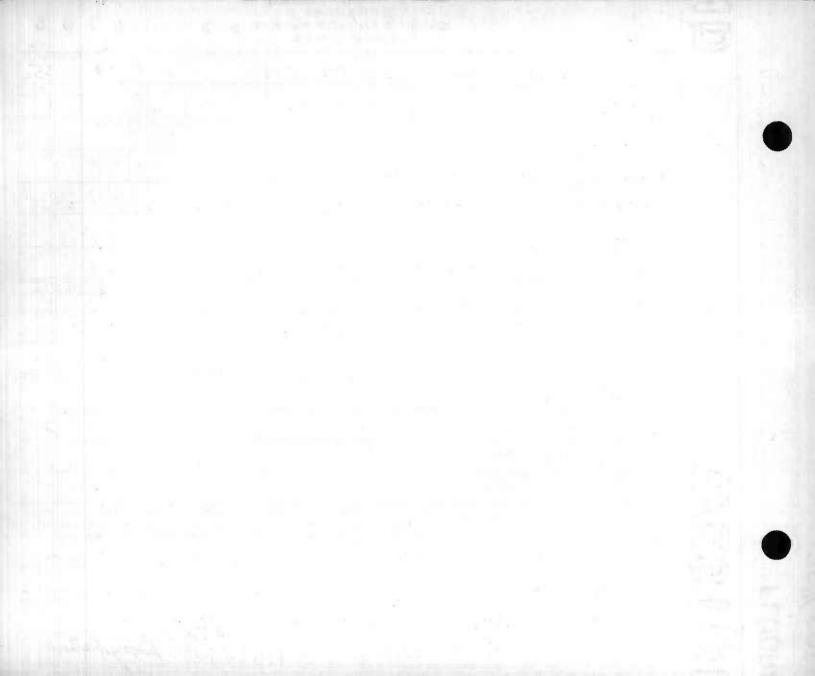
CERTIFICATE OF DEATH



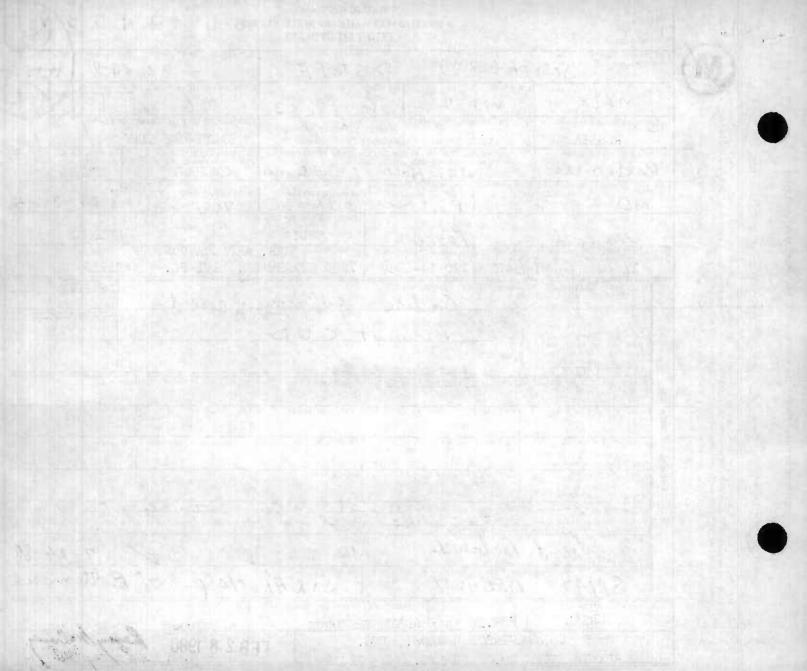
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	3. SE	F	4. RACE	5. DATE OF MONTH	BIRTH YEAR 6 26	6. AGE (IN YEARS LAST BIRTHDAY) 53 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN S.
Day To State of the state of th		RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	Y? 8, • MARRIED WIDOWED	☐ NEVER MARRIED ☐	9. BALTIMORE CITY OR COUNTY BALTO.	CO. CITY MD.
by the filed with	10. C	Bal France	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	EET ADDRESS),	an sterpital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY DISIAB.
filled in bound be filled for	USU 130.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE BEF INTY 13c. CITY OR TO FLTO ESSE	NWC	13d. INSIDE CITY LIMITS? YES NO P	130. STREET ADDRESS	INIA AVE
completely fille	14. F/	THER'S NAME FIRST LAWRENCE	MIDDLE LAST		15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE	LAST
cote be execut vysicion and co opers. Pages 1 vval.		VAS DECEASED EVER IN U.S. AI (15, NO OR UNKNOWN) (15 YES, GIV	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 317-22	-8534	SANDRA.	BROWN A	BOVE
KUS, 301 W. PRESION SI., BALL equires that the death certificate to signed by the attending physicia. Then please remove carbonoppers to burial, cremotion, or removal. injury, or other troumotic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF THE CAUSE (a). DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	o Portouence of medic			GIVEN IN PART I(0)
VITAL RECOR. NI: The low re- hysicion. icote hos been ronsit permit. T Hygiene prior 18 shows ony in	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	I WAS PERFORMED	20a AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
HYSICIA nding p nis certif burioli-l d Mentol	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	EATH HOUR A.M. MONTH	19	21r. HOW INJURY OCCUR 21r. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2) COUNTY STATE
ATTENDII spitol or STOR: A for use of Heali		sow the deceased alive o abave, (I) (we) (did) (did n	pitol) attended the deceased from	80 , one		, to & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
0 0 0 0 5		22d. SIGNATURE	al laque		ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 2 15 80
TO HOSPITAL TO FUNERAL should be deto with the Store		ANDAL	RADARAM		Crope	d pamanta	n Hospital
50 BP		BURIAL, CREMATION, REMOVA	0/10/00		HEART OF MAR	23d. LOCATION CITY OR TOWN APL T	COUNTY STATE
DHMH - 16 25M (VR A 15 (4)) 9/74	24. F	UNERAL DIRECTOR NAME ON NELY	Folk 300 MAS	CE AU	LE NOTE	R.Z.0, 1380, 13.	Mary Mc Viledy







1	FOR STATE REGISTRAR		D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0 4 0	8 9
(MA)	1. DECEASED NAME (TYPE OR PRINT)	JOSEPH	(MORTON)	Po	StoFF		MONTH DAY YEAR OZ 24 80	26 HOUR
rector urs af	3 SEX male		while	5 DATE (6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
unerol dir hin 72 hou ot once.	7a. BIRTHPLACE (STATE OR COUNTRY) RUSSI	A	USA	MARRIE		BALTIMOR		MD.
by the f filed with		Re "	FNOT IN SUCH FACILITY, GI	HOSP (of Baltimon	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O MERCHANT	F WORKING LIFE) INDUSTR	
should be rer must be	USUAL RESIDENCE (IF NU 130, STATE MD	RSING HOME OR OTHER		or Jown Ottomore	13d. INSIDE CITY LIMITS? YES XX NO		1ST FL.	r 21215
omplete 1 ond 2 exomir	14. FATHER'S NAME FIRST UNKNO	MIDDLE	Pos	TOFF	15. MOTHER'S MAIDEN NA. CELIA	WIOOFE	FELDM	AST
rs. Pages 1	160. WAS DECEASED EVE (YES, NO OR UNKNOWN) YES	(IF YES, GIVE WAR O	OR DATES)	14-2840	7000 SURREY		#21215	DXIMATE INTERVAL N ONSET AND DEATH
signed by the attendin hen please remove carb to burial, cremation, ar njury, or ather troumatic		y, which nmediate ting the se lost	OUE TO, OR AS A CO	NSEQUENCE OF	T C U D	INAL DISEASE OR CONT		1(01
te has been sit permit. I giene prior shows any in	190 DATE OF OPER		96. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
this certifico the buriol-tran nd Mentol Hy ed or Item 18	OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DEATH ICAL EXAMINER) RRED 2	HOUR A.M. MON P.M. 1e. PLACE OF INJURY AT HOME, STREET, FACTORY	19	21t. LOCATION STREET	CITY OR TOW		STATE
te haspital or of DIRECTOR: After oched for use as t Dept. of Heolth a If Item 21 is mark	220.1 certify that sow the deced obave, (1) (we)	(this haspital) at	ttended the deceosed ? - ? 4 v the body ofter death	19. Q.C., o	-0	death accurred on the do	ote and haur and from th	
	22d PHYSICIAN'S	NAME (TYPE OR PRINT)	Belowy	-	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	F _/ 0	- 24-80
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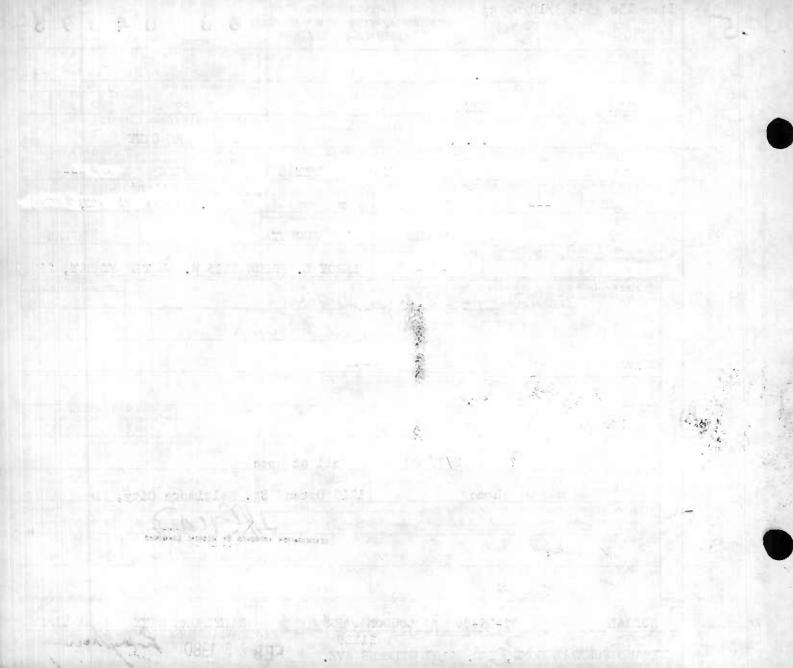
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CARE		CEASED NAME FIRST E OR PRINT)	eon	MIDDLE	Potee	, In.	20. DATE KNOWN OF ESTI- DEATH MATED		29 ₁₉	80
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AND 3 RETAIN HOULD	139 S	RESIDENCE (IF IN NURSING HOATATE 13b, COI		Baltimore		E CITY LIMITS? 13e.	3706 West B	ay Ave	enue	
MD. 3	Le	ATHER'S NAME	Potee,			atherin	MIDDLE		Willi	ams
B GIVE FORM WITH FORM WITH FORM DIVISION OF	16a. V (Y	VAS DECEASED EVER IN U.S., ES, NO, ORLINKNOWN) (IF YES) O	ARMED FORCES? IVE WAR OR DATES) Letnam	218-46-97	77 Mr.	Leon L.	Potee, Sr.	3706	West	Bay Av
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., B S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU! RIING THE WORD. "PENDING" IN PENCIL IN ITEM 18. ROBE TO THE CHIEF MEDICAL EXAMINER ALONG W E 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	Canditians, if any, who gave rise to immedia cause (a) stating the und lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	ch bate (b) DUE TO, C	OR AS A CONSEQUENCE OR AS A CONSEQUENCE TH BUT NOT RELATED TO THE TERM	OF	TION GIVEN IN PART 1 (a).			
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ICAL EXAMINER: 1 THE CERTIFICATE, SHOULD BE FOR- ERAL DIRECTOR: 9 EATH, WITH THE ST RE, MARYLAND, 21		22a. I certify that I taak ch death resulted fram: No ACTUAL SIGNATURE	arge of the remains of atyral government.		TITLE	micide , U	, Inquiry , indetermined manner	and in my , DAT	re 2	2/29/80
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DHMH - 17 (VR A15 ME (5))	21.7 Mc	Durial UNETAL DIRECTOR 237 Tully Funera	E Patap	sco Avenue Bnooklun	Balto., M	1000	D. BY REGISTRAR 25b.		SSIGNATUR	RE Sunda

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20. DATE KNOWN I. DECEASED NAME FIRST MONTH YEAR (TYPE OR PRINT) OF ESTI-Washington DEATH MATED 619 80 Albert Powell 6. AGE (IN YEARS | IF UNDER 2d. HOUR IF UNDER 24 HRS DATE Feb. 22, 1929 150 YRS PRONOUNCED 2:55P DEAD Male White 619 80 O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City. 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Supervisor of Maintance Church Home Hospital Baltimore City IOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS Benzingen Rd. 13d. INSIDE CITY LIMITS? 13a. STATE Balto. YES X NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME DIVISION OF VITA MIDDLE Lee Alberta Powe II 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 219-22-8139 3576 Benzinger Rd. Margaret Ann Powell. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Dissecting aneurysm of aorta DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? E 3 SHOULD BE USI YES X NO [216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 211. LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, AT WORK AT WHILE STATE STREET COUNTY STREET, FACTORY, FARM, ETC.) CITY OR TOWN Autopsy 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOU
TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA M. Deputy Chiefiedical Examiner SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial ESSTRAR'S SIGNATURE **DHMH-17** Lenbein-Hubbard Funeral Home, Chester, VR A15 ME (5)) 15M 7/76

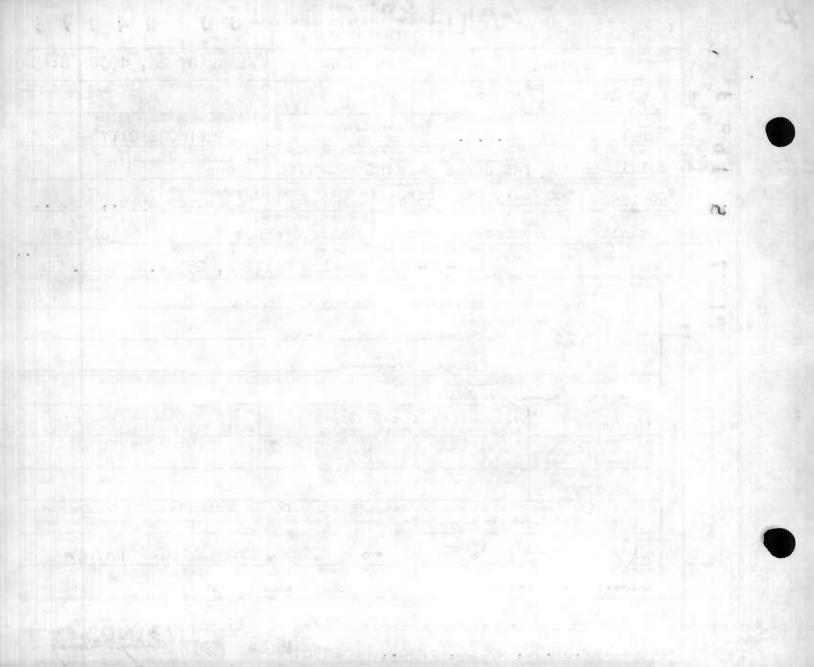
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980	70	Female BIRTHPLACE (STATE OR FOREIGN	Black	9	17 1990	89	OR COUNTY OF DEATH	
4 25 47	D	COUNTRY) N.C.	USA	MARRIE	D NEVER MARRIED	Baltimo		
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BALTIMORE, MARYLAND cate be executed within 24 system and completely filler opers. Pages 1 and 2 should vol. 11, the medical examinermus	70	John	MIDDLE Hinto		15. MOTHER'S MAIDEN NA	WE	Park n	LAST
MORE, in and co	1 160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MAN OR DATES	SECURITY NO.	Oneida A.	Williams		anvale St
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. fret this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior tab orked or them 18 shows ony injury	11	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2)
IVISION UG PHYS attendin ter this c s the bun h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
ATTENDIN spitol or CTOR: Af for use o of Health		22a.1 certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did)	2-11-	7/3	nd that in (my) (our) opinion	, to	date and haur and from t	, that (I) (we) last he couses stated
TAL OR Ay the hoy the hogher detached detached tote Dept.		27b. SIGNATURE	Colun		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN	TE SIGNED 90
O HOSPITAL etoined by t TO FUNERAL should be det with the Store	1	BARBU	CALIN		270 ADDRESS	Con y	row St.	Sello
7 0 1 0 5	23	Burial, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2-22-80		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		FUNERAL DIRECTOR M. C. March F	ADDRE	ss 1101	S Mem. Pk.	Baltimo E REC'D. BY REGISTRAR	256. RECISTRAR'S SION	MD Elreody
				A	re. ITEE	1 0 1200	1	

12 1 Harl Such 8 59 BARRY CALIN



	FOR 1 - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 8 0	04096
4	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D
(M)	1. DECEASED NAME FIRST (TYPE OR PRINT)	R.	provan	20 DATE OF DEATH	2 19 80 2:30A
of the state of th	3. SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 44 6 2	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
Commercial description	TO BIRTHPLACE STATE OF FOREIGN COUNTRY) SCOTLAND	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY O	RCOUNTY OF DEATH
or the formal and the	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NC HOME OF OTHER INCTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR INDUSTRY
ND 212	USUAL RESIDENCE (IF NURSING HOME 130 STATE	ON OTHER INSTITUTION, GIVE RESIDENCE BEFORM 136. CITY OR TOVE 3011 BALTIN	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Belle Ave Ruxton
MARYLA d within Demonstration	14. FATHER'S NAME FIRST Adam	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
MORE.	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G.		V 11-1	N SCHOADDRE	Sche Aux. Rarten 2/204
201 W. PRESTON ST., 8A es that the death certificate ed by the attending physic please remove carban pap uriol, cremotion, or removal	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	Chroid Hanstrhage BENCE OF BENCE OF		BETWEEN ONSET AND DEATH /) MISTITLE
RECORDS, law requir so been sign ermit. Then the prior to bi	Z	N.P.	DEATH BUT NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
PHYSICIAN: The ending physicion this certificate his build-tronsity and Mental Hygien d or hem 18 show	OR CONTRIBUTING CAUSE OF D	P.M.	21c. HOW INJURY OCCURR		
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTENDI seption or CTOR: A 1 for use 1 of Heal	sow the deceased alive a above, (1) (we) (did) (did n	oitol) oftended the deceosed from n n1919 not; view the body ofter death		death occurred on the do	te and hour and from the couses stated
0 5 0 50 7	22b. SIGNATURE	wid Chen	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
O HOS of HOS for FUN should be with the	22d. PHYSICIAN'S NAME (TYPE	CHEN	220 ADDRESS Montebello	State Hos	pital
1905 BP	230. BURIAL, CREMATION, REMOVA	23b. DATE 23c. 23c. 23c.	NAME OF CEMETERY OR CREMATORY VERGREEN MEMORIAL	23d. LOCATION CITY OR TOWN PANAM	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME FRANKS FIEM	ADDRESS	I FER	REC'D BY REGISTRAR 2	Sh. HE THANS SHE WILLIAM

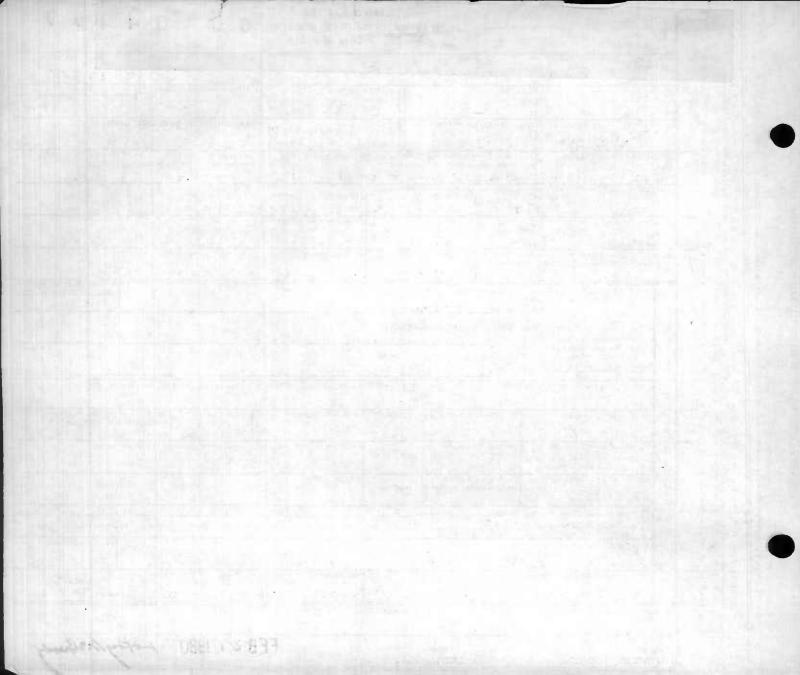
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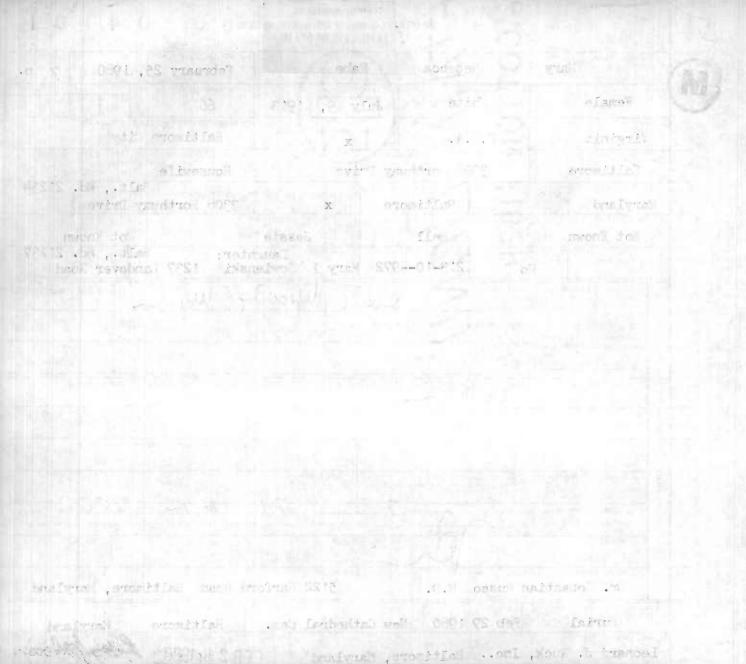
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1	FOR STATE REGISTE	AR .	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0.	•
	ECEASED	IAME FIRST	MIDDLE		AST		MONTH DAY	Y YEAR
(IV	PE OR PRINT)	BABY	GIEV	G	LUEEN	7	- 17	80
3.5	EX		4. RACE	S. DATE O		& AGE (IN YEARS LAST BIRTI		UNDER I YEAR
1	F		B	Z	17 80	0	YRS. C	
7a.	BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH
600	7	15 MD	· US	WIDOWI		BAUT	CIT	74
10.	CITY OR TO	WN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY
	BALT	~ , ,	OUNIVERS 17		O BEYLAND	NA		r
	UAL RESIDE	NCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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min 14	FATHER'S N	AME RST	AIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAS
D A	Loui			seen	Selena	YUDAR		Cor
160	WAS DECE	ASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL S WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRE		
8	No		N	A	Lhoup aveen	· SA	ME	
f, #	18. CAUS	E OF DEATH (Enter on	ly ane couse per line for (a), (b D BY:), and (c).)				BETWEEN
even	FARI		E CAUSE (a) Coxo	diac d	rrest			2
otic	177	98	DUE TO, OR AS A CONS	EQUENCE OF				
600		ons, if any, which ise to immediate	((b) PC	emeter	Ly and non	vieb. lity		
or other	underly	(a), stating the ing cause last.	DUE TO, OR AS A CONSI		NOT BELATED TO THE TERM	AINAI DISEASE OR CON	DITION GIVE	V IN PART 1/
8 shows any injury.								
S ON S	19a. DATE	OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?		WERE FINDI
show						YES NO NO	YES	
Pro / /	OR CONT	DENT WAS UNDERLYING CHUSE OF DEA	1171400110 4 44 44001111	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR FART 2)
Hen A	(IF EITHER	, NOTIFY MEDICAL EXAMINER)	P.M.	19	THE LOCATION			
MEDICAL	21d. INJU WHILE AT WORK	DRY OCCURRED NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	IN	COUNTY
S 30			tal) attended the deceased fr					080
21	saw	the deceased alive an	1) view the body after death.	1940,0	nd that ir (my) our) opinion	death accurred on the de	ite and hour o	
Hem	22b. SIG.				DEGREE	MEDICAL CTAI		22c. DATE
# :	1	berrich &	eth Maria	seur?	ATTENDING PHYSICIAN [MEDICAL STAI	IAN DO	12/1
TANT.	22d. PHY	SICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS			
IMPORTA	DE	RRICK K	ELTH MATT	1 FLWS	UNIVERSITYO	FMD HOSE 7	23,6	reenes
≥ 230	BURIAL C	REMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION		OUNTY
	(SPECIFY)	met min	2/2//80					
24	FUNERAL D	IRECTOR	ADDRES		25a. DA	E NC'D. BY REGISTRAP	25b. REGISTR	ALS SIGNA
9/74	Anaton	v Board	Balto.,			LD ~ . 1300	, ,	1





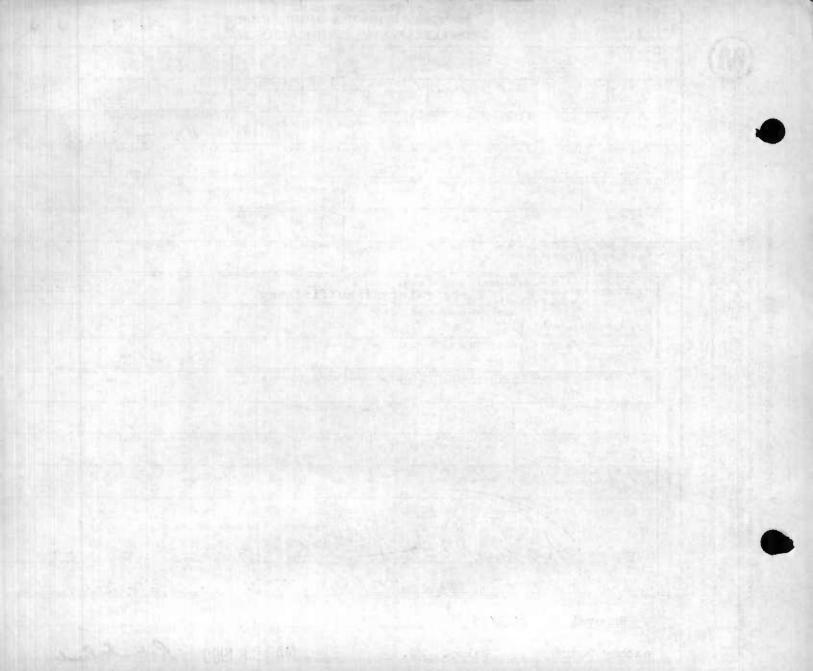
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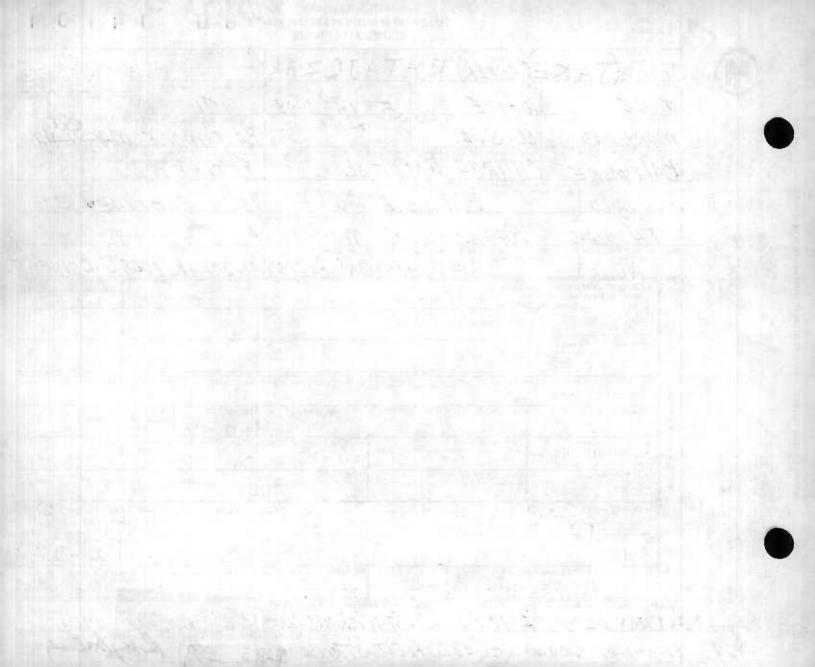


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		REGISTRAR				ICATE OF DEATH	REG. N	10.		
n 6 E		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b H	
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	3. SE	Female	White		5 DATE (DAY YEAR	6. AGE (IN YEARS LAST BIR	MON		IDER 24 HRS
5	7. 0	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Nov	. 20, 1892	87	YRS.	Dr a TH	
THE BROW	C	OUNTRY)			MARRIE	D NEVER MARRIED	9. BALTIMORE CITY			
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p 1/6		Baltimore				OR OTHER INSTITUTION	Homemake	OF WORKING LIFE)	INDUSTRY	IIIVESS OK
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ne	14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME			
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dicol		VAS DECEASED EVER IN U.S. A		166. SOCIAL SEC		17 INFORMANT	ADDR	ESS Gler	Burni	e, Mo
medical	L'	NO	IVE WAR OR DATES)	820 00	4144	Dorothy J	ackman 10	19 Twi	n View	
t, the		18 CAUSE OF DEATH Enter of	anly one couse per	ine for io i, ibi, or	nd ic				APPROXIMATE II	NTERVAL AND DEATH
even	1		ATE CAUSE 10	rerec	Jela	reference	covascul	0	you	
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notion froum		Canditians, if any, which	b1_			The way	racin po	Merry	ha	
other other		cause to, stating the underlying cause lost	DUE TO, OF	R AS A CONSEOU	ENCE OF					
0 0		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NITPIBLITING TO	DEATH BUT	NOT BELATED TO THE TERA	AINIAI DISEASE OR CON	IDITIONICIVENI	INI DADT 1:-	
njury,	N N	Panil	le a	T.	1 1	Donas	MINAL DISEASE ON COL	IDITION GIVEN	IN PART TIO	
ony o	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	NWAS PERFORMED	200 AUTOPSY?	20b IF YES, W	VERE FINDINGS L	SED
ows 7	TE						YES NO	YES [G CAUSES OF D	EATH?
18 %	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	OR PART 2)	
wentor or Item	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.A	М.	19					
o po	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.}	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
morked		AT WORK					2 7	C/	27. 2	
.50		220. Certify that (I) (this has	7 - 9	tog .	PD 01	nd that in (my) (aur) apinian	death occurred on the c		od from the course	l) (we) lost
Item 21		obave, (Ib (we) (did) (did)				DEGREE		0.5 0.0 11001 01	22c, DATE SIGN	
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ANT	1	27d. PHYSICIAN'S NAME (TYPE	OR PRINTS	ago !	7040	22e ADDRESS	P DIKECTOK PHASE	-IMIN []	1	
with the State			U			17 July 18 4				
3 3	23o E	BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(Burial	3/1/	80 Ne	w Ca	thedral Cem	Baltim	ore. M	aryland	STATE
76		UNERAL DIRECTOR		ADDRESS		2222) 105	E REC'D. BY REGISTRAR	25b. HELD TRAP	ay Milles	def
	Ge	eorge J. Gon	ce 4001	Ritchi	e Hg	wy MA	R 3 1980	6411	/	/

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1000 S. Unton ave.3als;Ma.21229 enall satisfaction . The Winn Burning 320 DE MINA SOPORON INCOMEN 1010 TWIN WIN pet ferbenset west (d\r\t) | Lairum DOW ETERN ... TO THE two hor Lotte 1000 some . Unspice .

		ems 18	3&22a G	542 4/29	DEPARTM	ENT OF HEA	LTH AND A	MENTALH	()	0	0 4	1	0	3
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AND THE STREET	3. SE		Baby 4. RACE	BOY S DATE OF BIRTH MONTH DAY	YEAR 6	LAST BIRTHDAY)	Randol	ph . IF UNDER HOURS	24 HRS. 2t. E	DATE HOUNCED DEAD	MONTH	DAY	YEAR	2d HOU 7:4
NECESSARY, FUNERAL DIR FONERAL DIR FONERAL DIR W. PRESTON	7a. B	RTHPLACE (Black STATE OR	76 CITIZEN OF W	HAT COUNT	, A	ARRIED N	NEVER MARRI	ED 9.8A	TIMORE CIT Baltin	_	NTY OF D	1980 EATH	
AY IS D THE PAGE 301		Raltimo	ore City	11. NAME OF HO	ACILITY, GIVE STRI	SING HOME, OR			12a USUAL O			K 12b. KIN	ID OF BUI	
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DEL URS AFTER DEATH. IF AND 3 TO WITH FORM PM 3. RETAIN 1 . PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS.	USU			E OR OTHER INSTITUTION, C		FORE ADMISSION)	13d. INSIDE	E CITY LIMITS?	13e STREET AI	DDRESS				
EATH. IF ES 1, 2, PM 3. ND 2 SH WITAL R	14. F.	ATHER'S NAM	E	MIDDLE	LA	ST	15. MOT	HER'S MAIDE FIRST	NAME	MIDDLE		Į.	AST	
BALTIMORE, MD. URS AFTER DEATH. GIVE PAGES 1.7 WITH FORM PM. PAGES 1 AND 2 DIVISION OF WITA		WAS DECEASE (ES. NO, OR UNKN	ED EVER IN U.S. A	ARMED FORCES? VE WAR OR DATES)	16b. SOC1/	AL SECURITY NO). 17. INFO	RMANT		ADDR	RESS			
L RECORDS, 301 W. PRESTON ST., DULD BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM 18 EF MEDICAL EXAMINER ALONG V SEBO AS BUBALLTRANSIT PERMIT. HEATH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.	z	gave r cause (d lying ca	ons, if any, which is to immedia to immedia to stating the under t	ch ite (b)	R AS A CONS	EQUENCE OF	DISEASE OR CONDIT	TION GIVEN IN PA	RY 1 (α).					
ITAL RECO	CERTIFICATION	190. DATE O	FOPERATION	19b. COND	ITION FOR W	HICH OPERATION	N WAS PERFO	ORMED?					UTOPSY?	? NO [
ION OF VI	MEDICAL CERTI	UNDERLYIN	ING CAUSE C	F DEATH P.	W. MONTH	DAY YEAR	Ic HOW INJUI		ED (ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR		23 54	110
ZA A WITH	ME	WHILE AT WORK	NOT WHILE	STREET, FAI	CTORY, FARM, ETC	.)	STREET			OR TOWN		COUNTY		STA
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE SI BATTMORE, MARYLAND, 21		deoth result	11	lister	03	e, held an	TITLE	Inspection micide	Undetermin		and in my , DA1 SIG		3/1/8	30
O MEDICA XECUTE TI AGE 4 SI O FUNER F.FTER DEA ALTIMORE		EXAMINER': (TYPE OR PR	RINT)		Smith,		ADDRESS	J	Penn St		1to.,	MD.		
Bb———		(SPECIFY)	ation, REMOVA	236. DATE 3/25/80	23c. N	AME OF CEMET	RY OR CREMA		23d. LOCATI CITY OR TOV REC'D. BY REG			OUNTY		TATE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24.	NAME Anatom	y Board	ADDRE:	lto.,	Md.		1	2 8 198		24.			





4	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 4		J 5
oy be age 3 death		CEASED NAME FIRST OR PRINT) ELIJAH		WIDDLE	RA	TCHFORD	20. DATE OF DEATH	2 14	YEAR 80	3:28 a _M
tor. pa	3 SEX	MALE	4 RACE BLA	CK	S. DATE C	7 DAY 4 1924	6 AGE (IN YEARS LAST BIRTHE	MON!	NDER I YEAR	HOURS MIN
O the Pool	- 00	RTHPLACE (STATE OR FOREIGN DUNTRY) RTH CAROLINA	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR Baltim	COUNTY OF	DEATH	MD
otter de y the leed with	10 CI	TY OR TOWN OF DEATH BALTIMORE	LIE NOT IN SUC	HEACHITY GIVE STREET	IG HOME C	TLAND 21218	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		26. KIND O'NDUSTRY	F BUSINESS OR
AND 212	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION		N ADMISSION	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 4029 PARK	HEIGHT	AVEN	IUE
MARYL ed within mpletely and 2 sh examiner	I4 FA	THERS NAME Charlie	MIDDLE Ra	tchford		IS MOTHER'S MAIDEN NA Eliza	WE	Wa	lis	
IMORE,	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE YES WWI	MED FORCES? WAR OR DATES)	240 26 8		17 INFORMANT Leava Ratch	address aford 4029 Pa		ghts.	Avenue
T., BALT Trificate to physicia impopers emaval.		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly ane cause per D BY: (E CAUSE (a)	00000		WHARY ARR	EST		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
V. PRESTON S The death cer The attending Fremove carbo remotion, or re the troumatic e		Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause last.	DUE TO, O	R AS A CONSEQUI	ENCE OF	AR FIBRILLA				10 LP
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AI RECORDS, The low required to the sign of the sign o	CERTIFICATION	ADEMUCARCIN				14 Upper Lober N WAS PERFORMED	Teny for SQL 200 AUTOPSY? YES NO P	206 IF YES, WE IN CERTIFYING	G CAUSES	IGS USED
DN OF VITA IYSICIAN: The ding physician is certificate buriol-transit Mental Hygin ar Item 18 sho		2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	F INJURY M. MONTH D. M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
DIVISION OF VIT DING PHYSICIAN: or attending physic After this certificate or as the burial-trons oith and Mental Hyg marked or them 18 s	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	31.0	211 LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
ATTENDII spital or CTOR: A I for use a of Healt		220.1 certify that K (this haspi saw the deceased alive an abave, K (we) (did) (Advis	r) view the body	e deceased from N 19 8	FEBRU 80 or	ARY 18 19 80 at that in (mile (aur) opinion	to FEBRUARY	, , , ,	d from the	
TAL OR Ay the had adetoched detoched DIREI AD INCHED PORT. If I them		Gary A	· M	anko	, M		MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE:	SIGNED 14-1950
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State		OHIT	NAHK	,	b		V. A. Hospi	TAL		
7 6 7 2 7	23o. 8	JURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE
15/3 BP	0.4	Burial	2/19/	1980 Mt	. Aut	ourn Cemetery	Baltimore	. Mary	land	B. E.
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 25	Just	S S S S S S S S S S S S S S S S S S S	Modey
(AV W 12 (e))		Wm. C. March F/	H 1101	Fast Nor	h Ave	enue [[]) T 0 1200	0 1		

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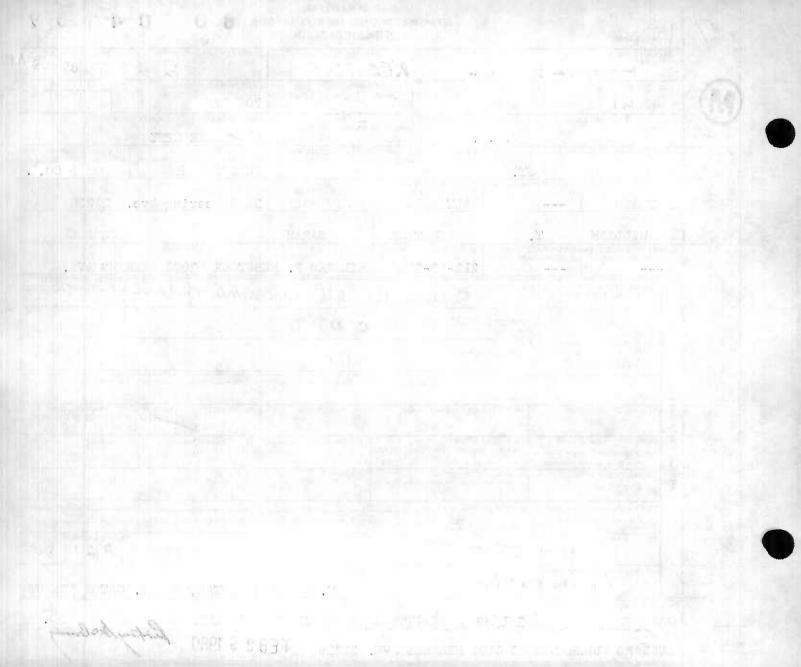
TOPICES SER NAME MODITION TOPICES TELL	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1 SEX 1	(TYPE OR PRINT)		26. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1 SEX 1	LUCICLE	WiRANIA RAVHOR	
B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 U		4 RACE 5 DATE OF BIRTH	MONTHS DAYS HOURS MI
SUMA RESIDENCE (IN NUESON OPER PRINTIPODE GOVERNOR SAVE SERVICE BY CONTRIBUTING CONTRIBUTION C	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED WEVER MARRIED	
18 STATE 18 MODE 18	38 BA 140	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Has WAS DECEASED EVER IN U.S. ARMED FORCES? Has WAS DECEASED EVER IN U.S. ARMED FORCES? IT IS CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic. PART I. DEATH WAS CAUSE BY INMEDIATE CAUSE (a) INTERPORT OF A CONSTRUCTION OF A CONSTOURNED OF	35 136 STATE	NT 134 CITY OR TOWN 134 INSIDE CITY LIMIT	1919 Mi BRIDE LANG
If CAUSE OF DEATH lenter only one course per line for rol, (b), and (c). PART I. DEATH WAS CAUSED BY. MAKEDIATE CAUSE (a)	20 HARVEY	Glend Evelyn	MURRAY
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(YES, NO OR UNKNOWN) (IF YES, GI	# WAR OR DATES!	_ ((((((((((((_ ((_ ())))
OR CONTRIBUTING CAUSE OF BEATH FETHER, NOTIFY MEDICAL EXAMINER CITY OR TOWN COUNTY	underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED While Not while Not while AT WORK AT WORK AT WORK 22e. I certify that (I) (this haspital) attended the deceased from Sow the deceased alive an above. (I) (we) (did) (did not) view the body alter death. 22e. I certify that (I) (we) (did) (did not) view the body alter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY STAFF 22e. ADDRESS 13a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STAFF COUNTY STAFF CITY OR TOWN COUNTY STAFF COUNTY STAFF	2 34		YES NO PYES NO
270.1 certify that (1) (this hospital) attended the deceased from	CA CONTRACTOR CALLER OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
saw the deceased alive an FILE 3D 19 10 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes start obove. (I) (we) (did) (did not) view the body alter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 2224. PHYSICIAN'S NAME (TYPE OR PRINT) AUKL M& CHIBUTILL 230. BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY OR CREMATORY COUNTY STARTON COUNTY COUNT	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		CITY OR TOWN COUNTY STATE
ATTENDING MEDICAL STAFF 272d PHYSICIAN'S NAME (TYPE OR PRINT) 122d PHYSICIAN'S NAME (TYPE OR P	saw the deceased alive a abave, (I) (we) (did) (did n	n 19 0 , and that in (my) (aur) aportly view the body after death.	nian death accurred on the date and hour and from the causes stated
230. BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY OF CREMATORY 230. LOCATION CITY OF COUNTY STANDERS AS AS LOCATION NOCK TOWN NECK A.A.CO A	Marl In. 1	Weller M.D. ATTENDITY	NG _ MEDICAL _ STAFF 1 _)/Y/-/C/
BURIAL 2-23-80 ASBURY TOWN NEXT TOWN NEXT A.A.CO A	NUKL M& C)		
	230. BURIAL, CREMATION, REMOVA		DRY 23d. LOCATION COUNTY STATE
ETA SIINEDAL DIDECTOR	24 FUNERAL DIRECTOR	2230 HSbury lown N	DATE REC'D. BY REGISTRARIZS & REGISTRAR'S SIGNATURE

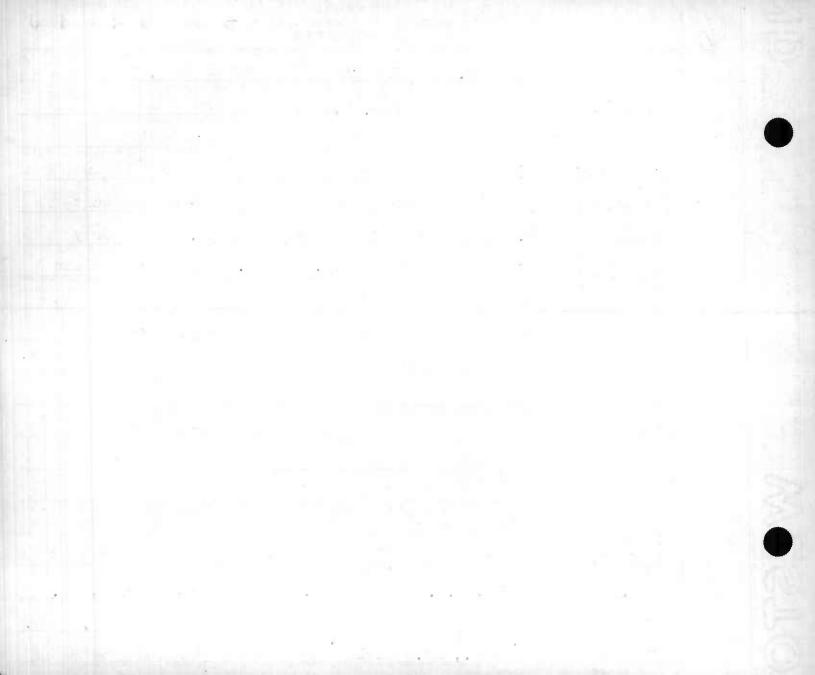
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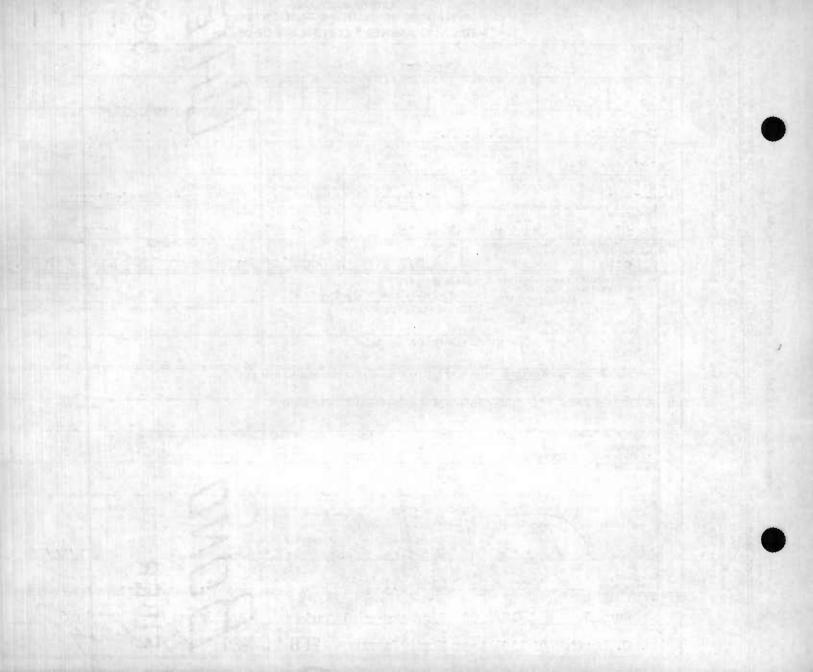
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

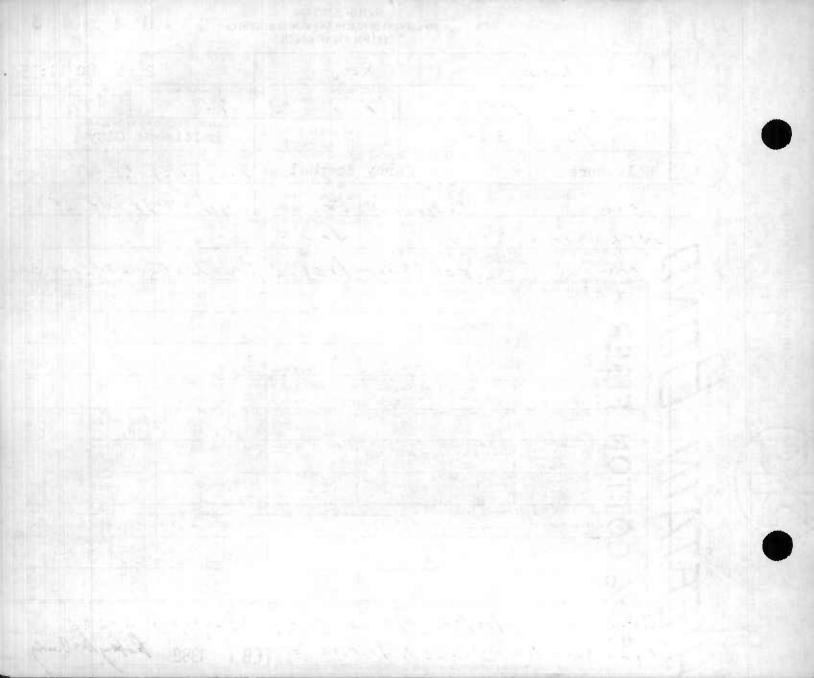
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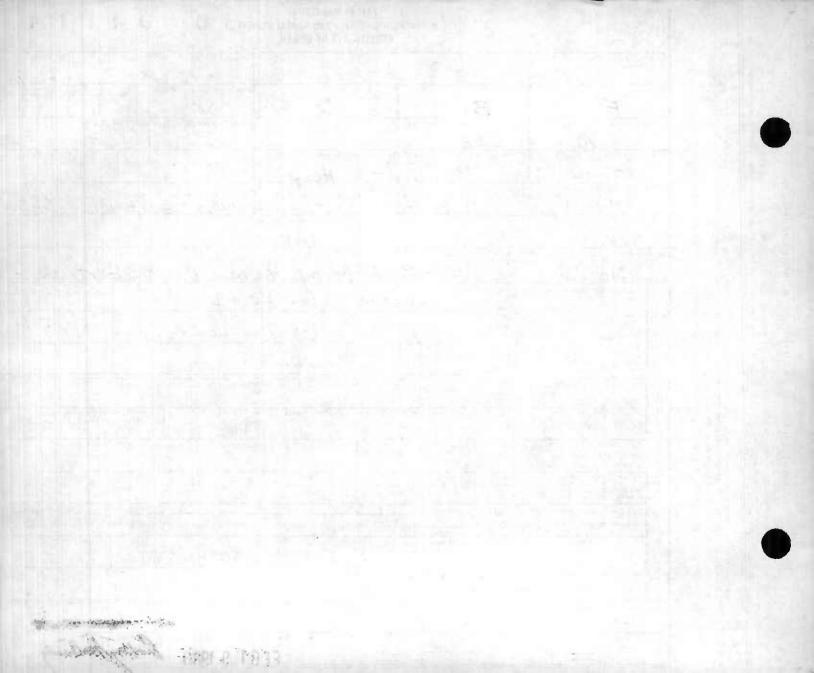




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			ale B	lack	2 26	53 6 AGE (1 LAST BIR 53 26	THDAY) MONT	DER 1 YR. IF UNDER		DATE ONOUNCED DEAD	MONTH 2	16 19 80	6:48		
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	AGES 1, 2, RM PM 3, AMD 2 SI OFVITAL	14. FA	THER'S NAME FIRST Ellis		MIDDLE	Reed.		15. MOTHER'S MAID FIRST Kelly	EN NAME	MIDDLE		LAST			
O. S.		16a. V	VAS DECEASED EVE			166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS				
BALTIMORE, MD.	URS AFTE B. GIVE P WITH FO PAGES DIVISION	(4)	NO, OR UNKNOWN)		WAR OR DATES)	218-60-3		Larry Ric	herson	131 No	rth Ai				
ST., B			18 CAUSE OF DEA	ATH (Enter onlow ATH (Enter onlow)	y one couse per line BY: TT.	for (a), (b), ond (c). ndetermi:						BETWEEN ON	TE INTERVAL		
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	ENCIL IN AMINER A AMINER A - TRANSIT ENTAL HYO REMOVAL	0	gave rise to	immediate	(b)	AS A CONSEQUEN	CE OF								
W 10	TED I PE XA I AL-		lying couse las		(2)	AS A CONSEQUEN	CE OI								
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LREC	1 8 4 0 4 8 1	CERTIFICATION	19a. DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?				20 AUTOPS	Y?		
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	BE FOR THE AND,		deoth resulted fro	om: Natur	al couses X.	Accident .	Suicide	, Hamicide .	Undetern	nined monner].				
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	TO MEDICAL EXECUTE THE CAGE 4 SHOUT TO FUNERAL CAFTER DEATH, BATTIMORE, MY		EXAMINER'S NAM	E Vir	ginia L. 1	Dolan, M.	D.	ADDRESS		111 Pe	enn Sti	reet			
	PAC TO TO AFT	23a. B	URIAL, CREMATION	REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY C	R CREMATORY	123d, LOC	ATION	ich	nitt	ctalk.		
- ral	BP		Buria	1 :	2/23/1980	King M	emoria	l Park	Ba	ltimore	Co. 1	Manyland	1		
0501	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS			ISE DATE	FRI O	1000	teofor	Dolla	ela		
	15M 7/76	1	Wm. C. Ma	rch F/I	H 1101 Eas	st North	Avenue		ror 3	1300	/	array and	/		



7	0		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	04114
	(PAL)		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR 26 HOUR
	1	2.00	Marn	1	Keld	2/13/8	FUNDER LYEAR IF UNDER 24 HRS
	ge 4 m ector rs offer	3. SE	F	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR 12. 91	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	eath. Pa neral dir in 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Co	DUNTY OF DEATH R City MD.
	ofter d	9 10 0	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACILITY, GIVE STREET Provide		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR
ND 212	24 hav	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	rtrudo St
MARYLA	mpletely fond 2 sho	14 F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	110000	(AST
MORE,	e execute		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 225-09	-5/8/ DAVITHU PA	ADDRESS	03 Centrumb St
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certificate En signed by the attending physicio. Then please remove corbon popers to buriol, cremotion, or removal. injury, or ather troumofic event, the	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	D BY: DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b)	ence of Disbell DEATH BUT NOT RELATED TO THE TERA	R - Heart Di.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SCLOSIO 1/25/80 ON GIVEN IN PART 1(0)
AL RECORE	os bee os bee permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
OF VITA	3 PHYSKCIAN: The I intending physicion or this certificate has the buriol-transit pe and Mental Hygiens ked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	RED (ENTER NATURE OF INJURY IN 11	(EM 18, PART) OR PART 2)
IVISION	ING PHYS r ottendin After this cost he bur th and Me orked or li	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	OR ATTEND e haspital o DIRECTOR: A iched for use Dept. of Heal		sow the deceased alive gar	tol) ottedded the deceosed from 19 11 view the body after death.	DEGREE	MEDICAL STAFF	nd hour and from the causes stated 22c. DATE SIGNED
	TO HOSPITAL of the property of		22d PHYSICIAN'S NAME TYPEO		UBAZZO ADDRESS	DIRECTOR PHYSICIAN	nd 21208
1500	BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Laurel	
	DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME WM C March F/H	ADDRESS		B 1 9 1980	ISTRAL SONATURE



	RE	ATE GISTRAR		MED	EPARTMENT OF H	ER'S C			REG. NO.		1. 1	5
		ASED NAME DR PRINT)	CLARENC	E	A.	R	EELY	0	F ESTI-	2 1	NAY YEAR	2b. HOU
3.	sex ma	le wh:	ite 0	ATE OF BIRTH DAY	YEAR 6. AGE (IN YEAR LAST BIRTHDA'	Y) MONTH	IDER 1 YR. IF UNDER	MIN. PRONO	ATE OUNCED EAD	2 1	. 180	2:15 2:15
-70	a. BIRT	HPLACE (STATE OR		CITIZEN OF WHA	AT COUNTRY?	1	ED X NEVER MARRI	ED DO	timore city of	-		
-	. CITY	ARYLAND FOR TOWN OF DE	ATH 11.	U.S. NAME OF HOSP (F NOT IN SUCH FAC St. Agne	ITAL, NURSING HOME, RITY, GIVE STREET ADDRESS) ES HOSPITAL			120. USUAL OC	CUPATION (TYPE (OF WORK 12	ONSTRU	TRY
	a. STA		URSING HOME OR OTH	ER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN BALT IMORE	DN)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AD		- Lui		1230
		HER'S NAME FIRST WILLIAM AS DECEASED EVE		FORCES?	REELY	NO.	15. MOTHER'S MAIDE FIRST MAY 17. INFORMANT	N NAME	MIDDLE ADDRESS	COR	RNELIUS	S
-		NO, OR UNKNOWN) YES	(IF YES, GIVE WAR O	OR DATES)	213-16-93 213-9366	66	FRANCES E	REELY	1400 SI	r. MAR	K'S L	ANE
		Canditians, if gave rise to cause (a) statin lying cause last	immediate ig the <u>under-</u>	(b)	S A CONSEQUENCE C							
				(c)BUTING TO BEATH BE	OT NOT RELATED TO THE TERMI	NAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (a).				
			INT CONDITIONS CONTR		IT NOT RELATED TO THE TERMI			RT 1 (a).			20 AUTOPS	NO 🔀
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	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 190. DATE OF OPER 210 EXTERNAL CAL JUNDERLYING CONTRIBUTING 210 INJURY OCCU WHILE NO	INT CONDITIONS CONTO	216. TIME OF HOUR A.M. (H P.M. 21e PLACE O	ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19	21c. Ho	'AS PERFORMED?	D (ENTER NATURE C	OF INJURY IN ITEM 18 PA		YES 🗆	
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2	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 190. DATE OF OPER 210 EXTERNAL CAL JINDERLYING CONTRIBUTING THE INJURY OCCU WHILE AT WORK 220. I certify the death resulted fro ACTUAL SIGNATURE	INT CONDITIONS CONTO	21b. TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO the remains descouses	ON FOR WHICH OPERATION ON FOR WHICH OPERATION ON THE PROPERTY OF THE PROPERTY	21f. LO	CATION STREET CATION STREET CATION STREET CATION STREET CATION STREET CATION STREET CATION CATION	CITY C Undetermine	wrown uiry , and d manner , XAMINER n St.	COUNTY COUNTY COUNTY COUNTY COUNTY	YES	NO K

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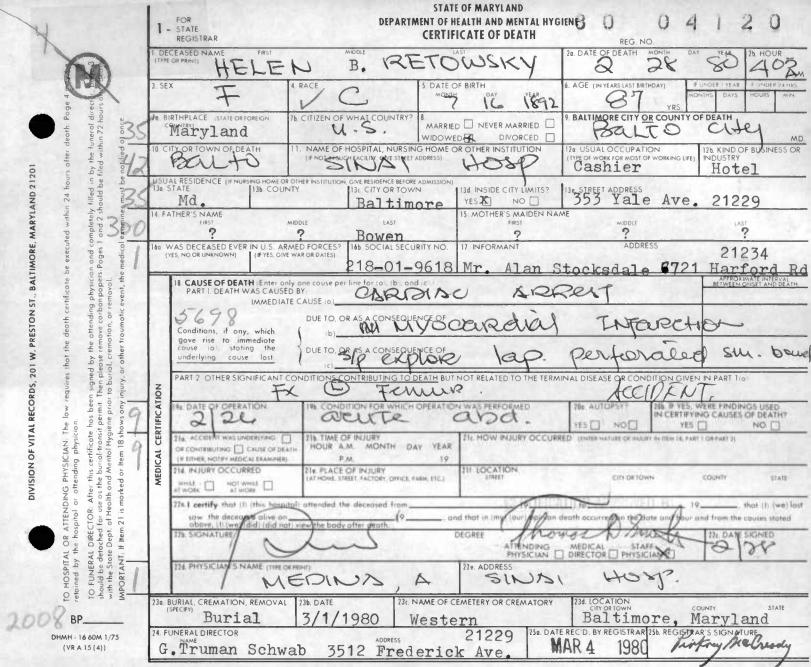
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IS STATE COUNTY ISC. CITY OF TOWN ISM MISS STREET ADDRESS ISS. STREET ADDRESS	3/1	Baltim	ore	Baltimon	ce City	Hospita		FOR MOST	OF WORKING LIFE)	E OF WORK	12b. KIND OF I OR INDUS
TANK SECRET SEC	35 130.	STATE	BA		13c. CITY OR	TOWN	YES NO	380		N.	PT R
THE NO. OR UNKNOWN) THE YES, GIVE WAS OR DATES) UNIX EDWARD REMICK BBE	30	PAL	in 1		5		DEN				INK
PART I DEATH WAS CAUSED BY: PART 1 DEATH WAS CAUSED BY: SIMMEDIATE CAUSE (o) Multiple drug intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) isofning the under- lying couse last. (c) PART 2 DINEX SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to. Arteriosclerotic cardiovascular disease 170. DATE OF OPERATION 1710. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR SA CONSEQUENCE OF 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONDITION FOR WHICH OPERATION WAS PERFORMED? 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONDITION FOR WHICH OPERATION WAS PERFORMED? 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONDITION FOR WHICH OPERATION WAS PERFORMED? 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONDITION FOR WHICH OPERATION WAS PERFORMED? 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONSEQUENCE OF (c) PART 2 DINEX SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to. Arteriosclerotic cardiovascular disease 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONSEQUENCE OF (c) PART 2 DINEX SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to. Arteriosclerotic cardiovascular disease 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONSEQUENCE OF (c) PART 2 DINEX SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to. Arteriosclerotic cardiovascular disease 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONSEQUENCE OF (c) PART 2 DINEX SIGNIFICANT CONDITIONS CONDITION GIVEN IN PART 1 to. Arteriosclerotic cardiovascular disease 1710. EXTERNAL CAUSE WAS UNDERLYING OR SA CONSEQUENCE OF (c) PART 2 DINEX SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1 to. Arteriosclerotic cardiovascular disease 1710. EXTERNAL CAUSE WAS UNDERLYING OR SIGNIFICANT CONDITION GIVEN IN PART 1 to. ARTERIOSCLEROTION GIVEN CONDITION GIVEN IN PART 1 to. ARTERIOSCLEROTION GIVEN C	2	YES, NO, OR UNKNO						O REA			BEVE
210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 2 IC. HOW INJURY OCCURRED IENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DATE OF THE PROPERTY OF T	ION, OR REMO	gave r couse (o lying co	se ta immediate stating the <u>under</u> - sse last. GNIFICANT CONDITIONS <u>CO</u>	(b)	R AS A CONSEG	O THE TERMINAL DISE					
AT WORK AT WORK 270. I certify that I took charge of the remains described above, held on Autopsy XX Inspection . Inquiry . ond in my opinion death resulted from: Accident Accident	IAL, CREM,	19a. DATE O						se	15517		20. AUTOPS
AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy XX Inspection . Inquiry . and in my opinion death resulted from: ACTUAL SIGNATURE HOTMEZ R. Guard, M.D. EXAMINER'S NAME HOTMEZ R. Guard, M.D. 111 Penn Street, Balto., MD ADDRESS 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	SAL GREEN	210. EXTERN. UNDERLYING CONTRIBUT	OR NG CAUSE OF DE	HOUR A.M	a. 2/8/8	Y YEAR	self i		E OF INJURY IN ITEM 18	PART I OR PA	RT 2)
22a. I certify that I took charge of the remains described above, held on Autopsy XX Inspection Inquiry ond in my opinion death resulted from: ACTUAL SIGNATURE Accident A	MED	WHILE AT WORK						N.Point	Ra.	BaT	to., M
EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. 111 Penn Street, Balto., M.D. ADDRESS 236. ISPECIFY) 236. ISPECIFY) 236. LOCATION CITY OR TOWN COUNTY CO	ND, 2	death resul	. 1.4	of the remains de			Hamicide L	. Undetermin	ned monner .	DATE	2/8/
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY	LTIMORE LTIMORE	(TYPE OR PR	NT)				_ADDRESS	11 Penn	Street, E	Balto	,MD 21
BURIAL 2/12/80 SACRED HEART BALTO, MED ADDRESS	74	Bi.	RIAL				EART	CITY OR TO	ALTE.	MI	>

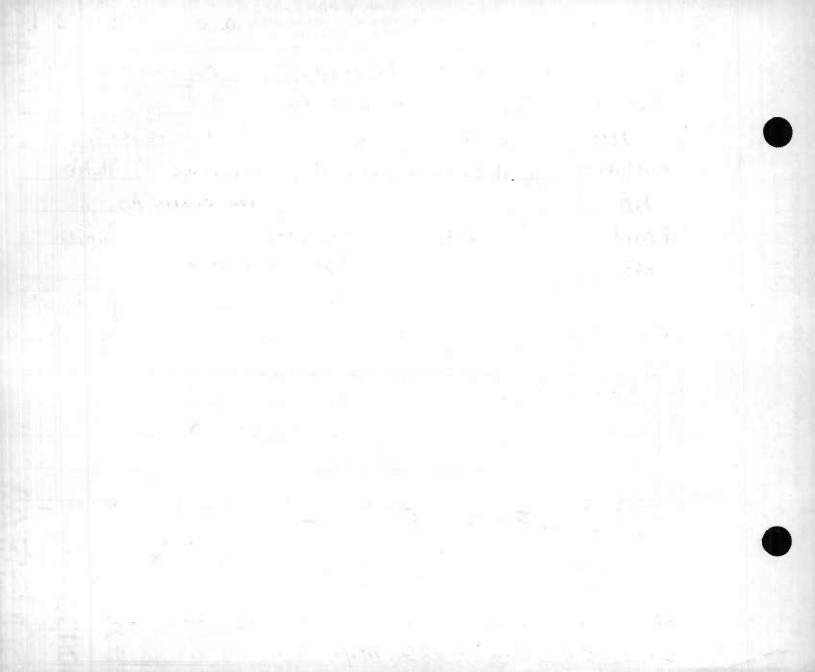
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FOR

DIVISION OF VITAL RECORDS



15M 7/76

HERBERT E. NUTTER 3035 W. NORTH AVENUE

- STATE

(VRA 15, 4) 1/79

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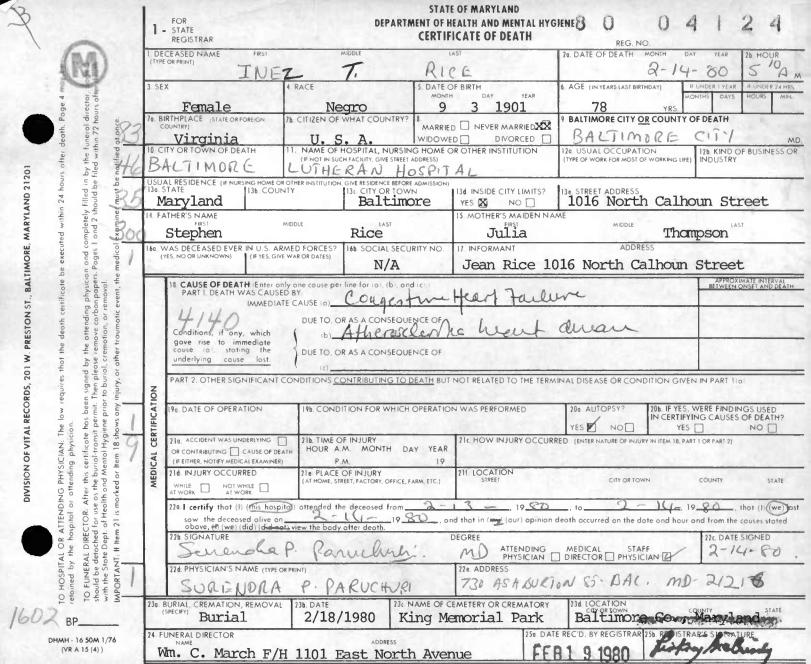
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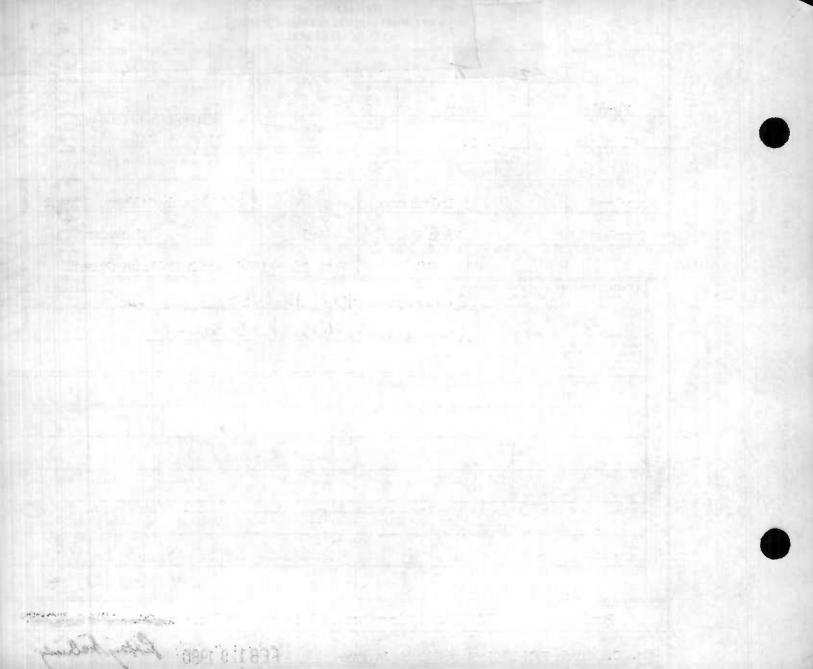
CERTIFICATE OF DEATH

STATE

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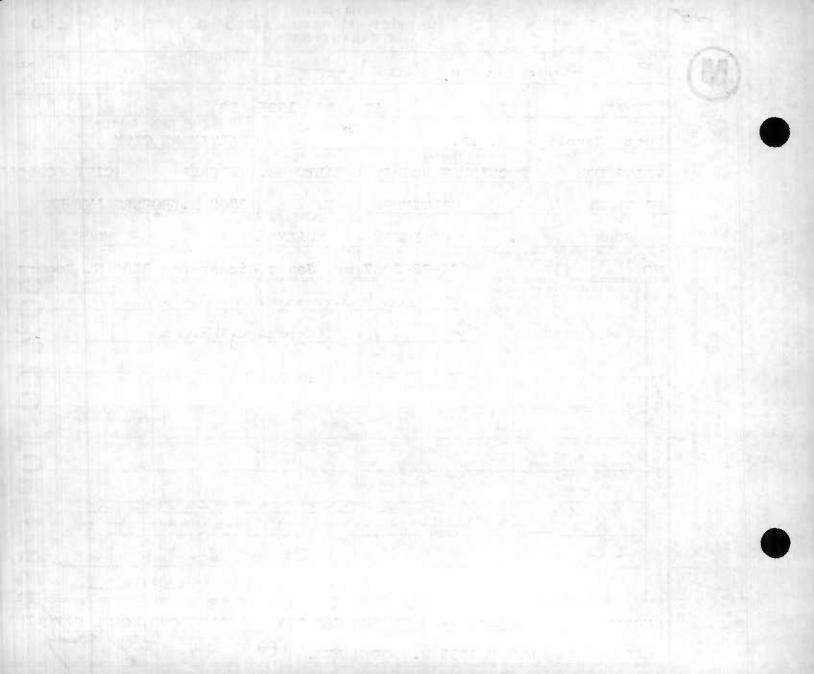
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HERBERT E. NUTTER 3035 W. NORTH AVE.



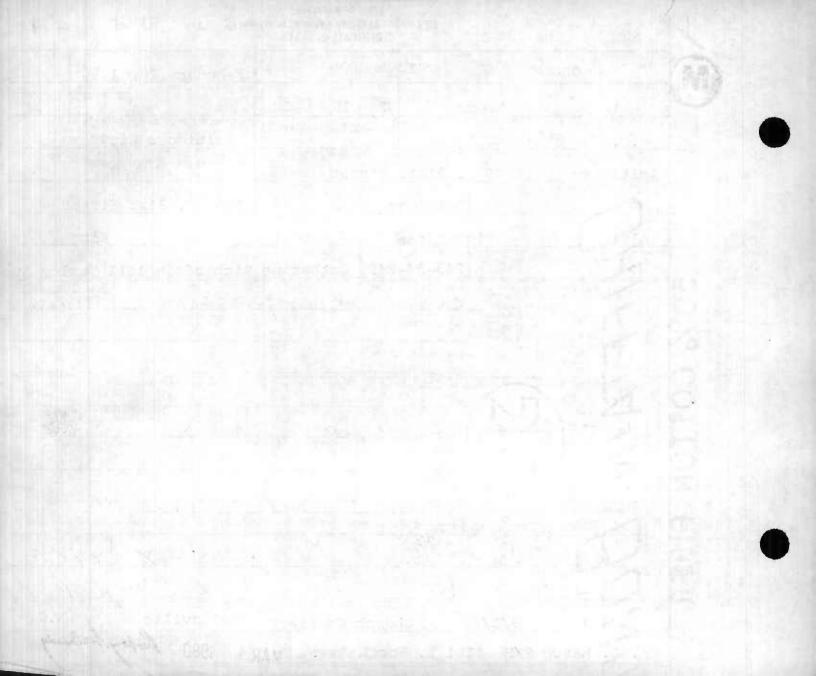
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT ebbie chardson 3. SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS Female 22 29 BALTIMORE CITY DR COUNTY OF DEATH MARRIED NEVER MARRIED Ki, Visginia Baltimore City DIVORCED 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bater Shoe co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt. Md. Baltimore 8809 Trim 13d. INSIDE CITY LIMITS? Trimble Way M L'mons NO A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME N Bryant MIDDLE MIDDLE William Lisa Not Known 17. INFORMANT Son: Balt., Md. 21237 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 212-22-1861A 8809 Trimble Way Emory H. Richardson Sr. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lyle for not). (b), and (c) PART I. DEATH WAS CAUSED BY 10 (an Dans DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T entol Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ž ò 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) at seded the deceased from sow the deceased plive on. and that in (my) (bur) apinion death occurred on the date and hour and from the causes stated above, (1) (and) (did not) view the body after death. 22c DATE SIGNED TO FUNERAL D should be detail with the State E ATTENDING . MEDICAL PHYSICIAN X MPORTANT: DIRECTOR | PHYSICIAN IAN'S NAME (THE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Mar 1 1980 Moreland Memorial BP Baltimore 250. DATE REC'D. BY REGISTRAR 131. FEE STRAR'S STOLLAND 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 Leonard J. Ruck, Inc. Baltimore, Maryland (VR A 15 (4))

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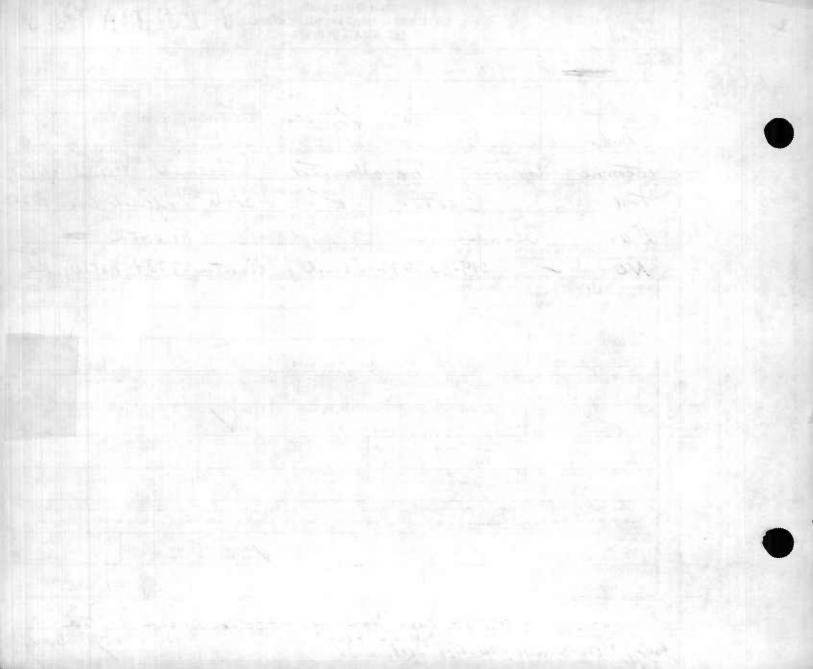
1-	STATE REGISTRAR		DEPARIN		CATE OF DEATH		REG. NO.	7 1	2 0
	CEASED NAME FIRST OSCAR		RIC	HARD	SON		February 28,	1980	2b HOUR M
3 SE	X	4. RACE		5. DATE OF	F BIRTH DAY YEAR	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Negr	0	7	19 28	B	51 YRS	ONINS DATS	HOURS MIN
70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9	BALTIMORE CITY OR COUNTY	OF DEATH	
	N.C.	USA	A	WIDOWED			Baltimore C:	ity	MD.
10. C	altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESSI	ROTHER INSTITUTION	N 12	OUSUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND O INDUSTRY	OF BUSINESS OR
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16a V	VAS DECEASED EVER IN ILS AR		166 SOCIAL SECU		17 INFORMANT		ADDRESS		
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23a. [	BURIAL, CREMATION, REMOVAL			AME OF CE	METERY OR CREMATO	ORY	23d LOCATION CITY ORTOWN	COUNTY	SLATE
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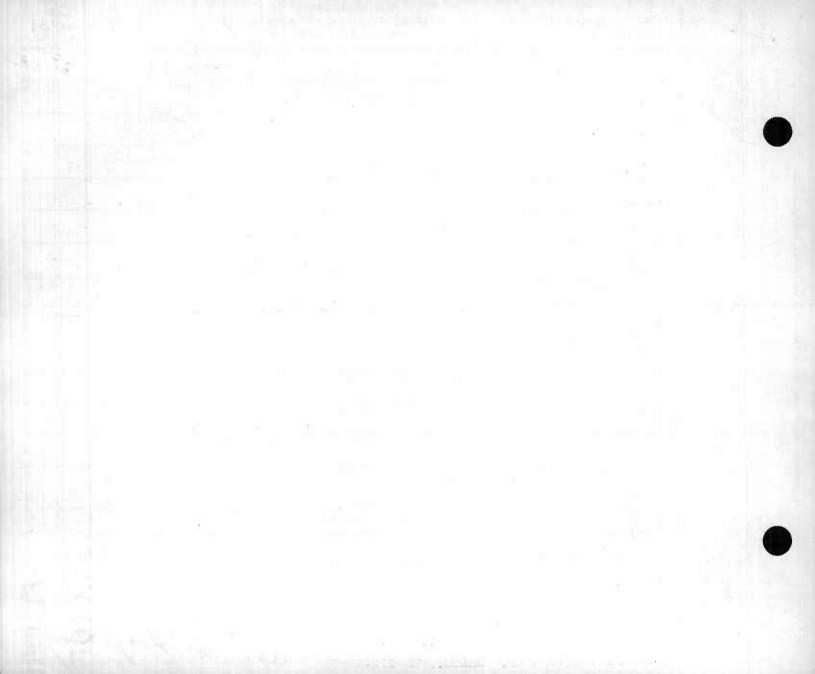


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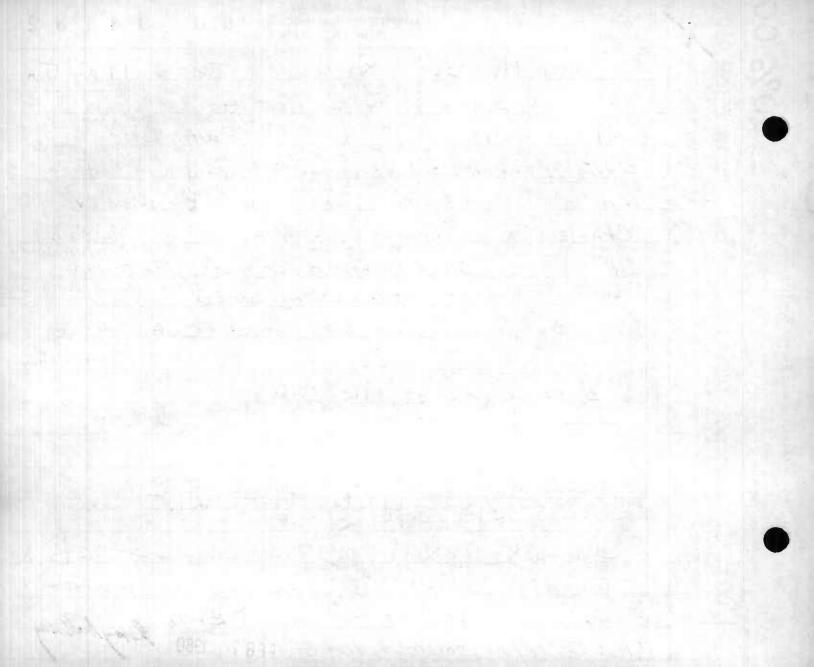


FOR

SOLO REISTERSTOWN RD.



	10			STATE OF	MARYLAND			
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filled in could be	13a	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 136 COUNTY	RINSTITUTION, GIVE RESIDENT		INSIDE CITY LIMITS?	13. STREET ADDRESS	Keield A	VC
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ALTI		18 CAUSE OF DEATH (Enter only or	e couse per line for (o ,		30,700	rowon .		PROXIMATE INTERVAL
T., B		PART I. DEATH WAS CAUSED BY IMMEDIATE CA		resper	whom c	west		
or re		1.389	DUE TO, OR AS A COM	NSEQUENCE OF				
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on w			(c)	Sens	<b>9</b>			
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RECORD  low requested to the second to the s	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED
. 41 5 2 0 5 3	FIC	THE DATE OF OTERATION	The Contention Tok	Willest Of Electrons W	AS TENT ONNED	YES NOT	IN CERTIFYING CAU	JSES OF DEATH?
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SION C PHYSIC ending this cer ne burio nd Ment	MEDICAL		P.M.  P.M.  P.M.		LOCATION			
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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8 4 8 9 d a		22b. SIGNATURE	w the body offer death	DEG	REE		27 c. D.	ATE SIGNED
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TO HOSPITAL retorined by the TO FUNERAL should be deter with the Store		THOMAS	1.0.00	and	JOHNS	HOPKINS	s itosf	DITAL.
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9	1.	STATE REGISTRAR			ALTH AND MENTAL HYC CATE OF DEATH	REG. NO	04133
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r to burial, cremation, or r ny injury, or other trauma	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CO	ONSEQUENCE OF	D IDISTES M NOT RELATED TO THE TERA		DITION GIVEN IN PART 1(0)
ygiene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	10h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
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3 0		220.1 certify that (1) (this hospital: sow the deceased alive an above, (1) (we) (did) (did not) v	1111	19 72, one		death occurred on the de	that (I) (we) lose and hour and from the causes stated
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with the State D		From	L by Chin	recor	50/0		1 RALGITAN
	-	BURIAL, CREMATION, REMOVAL SPECIFY  WHERAL DIRECTOR	236 DATE 7 80	The CE CE	METERY OR CREMATORY	123d LOCATION CITY OR TOWN TE REC D-BY REGISTRAR	COUNTY STATE
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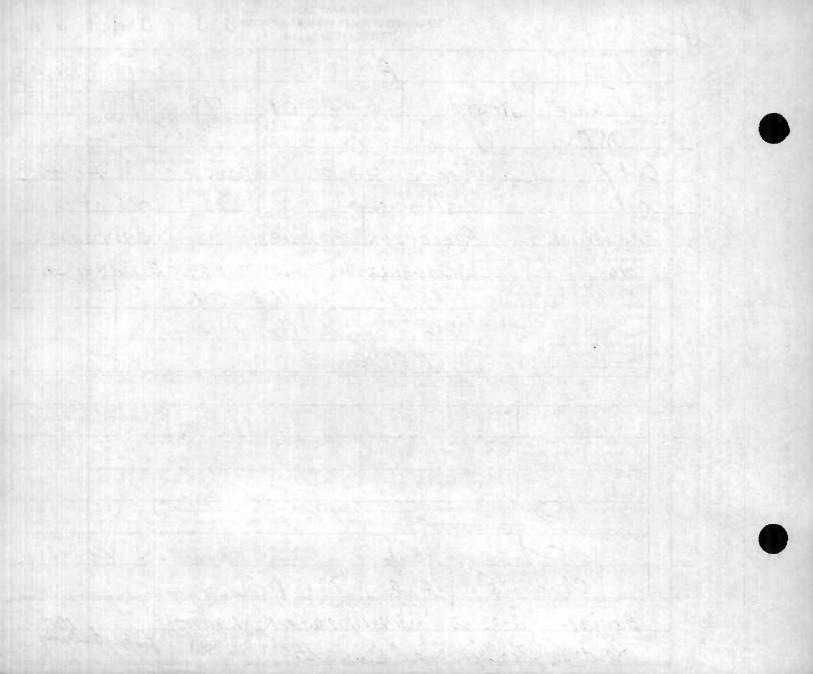
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be execution and c	()		VE WAR OR DATES)	15-18-9122	Mr. Julius	Wade 24		acer	Sti
., BALT ificote k physicio popers navaí.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	TASSIVE	ASDIE	4700	1	BETWEEN O	NATE INTERVAL INSET AND DEATH
ON ST th cert nding carbor or ret		5303	DUE TO, OR AS	A CONSEQUENCE OF	-2-0/56	-8-20			
PREST he dea ne atte mation r traum		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)	eso pla	exal st	7 CANCE			
that the by the leose rail, cre ar othe		underlying cause lost.	(c)	A CONSEQUENCE OF	4.				
quires quires signed then pl to burn njury, c	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DEATH BU	NOT RELATED TO THE TER	RMINAL DISEASE OR C	ONDITION GIVI	EN IN PART 160	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rule anding physician.  When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or remaval.  Or seed or them 18 shaws any injury, ar other traumotic event, the medical examiner must be not assert the second or the second o	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDING YING CAUSES O	GS USED OF DEATH?
ON OF VITA  TYSICIAN: TH dring physicia is certificate buriol-tronsit Mental Hygin ar Item 18 sh		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER	M1111	JURY MONTH DAY YEA 19		JRRED (ENTER NATURE OF	NJURY IN ITEM 18, P)	ART 1 OR PART 2)	
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OR ATTEN be hospitol DIRECTOR sched far u Dept. of He		sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after	death. 19	ond that (in (my) (our) opinion	on death occurred on th	e date and hou	22c. DAJE S	
PITAL OR by the h IERAL DIR se detoche Stote Der		C	he	· text	ATTENDING PHYSICIAN		STAFF YSICIAN N	2/	300
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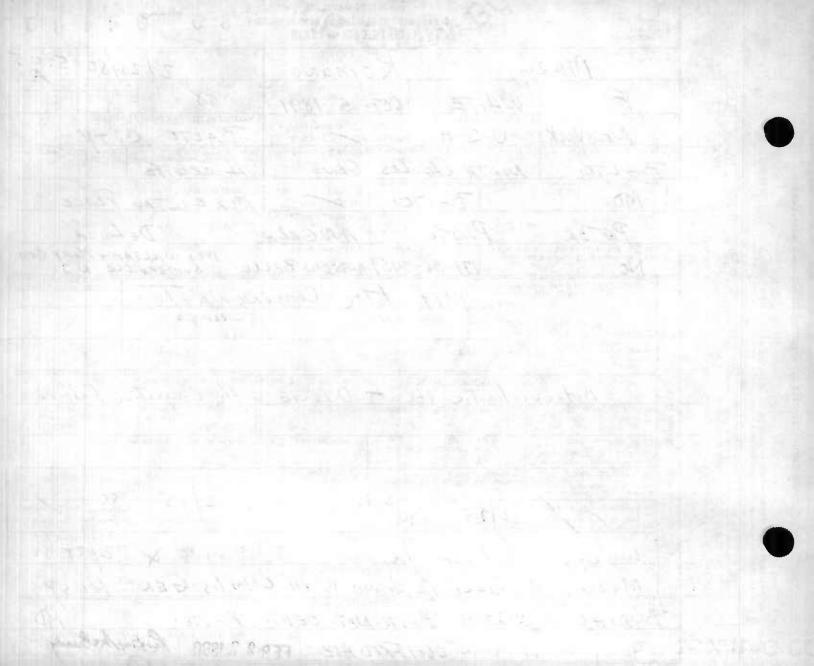


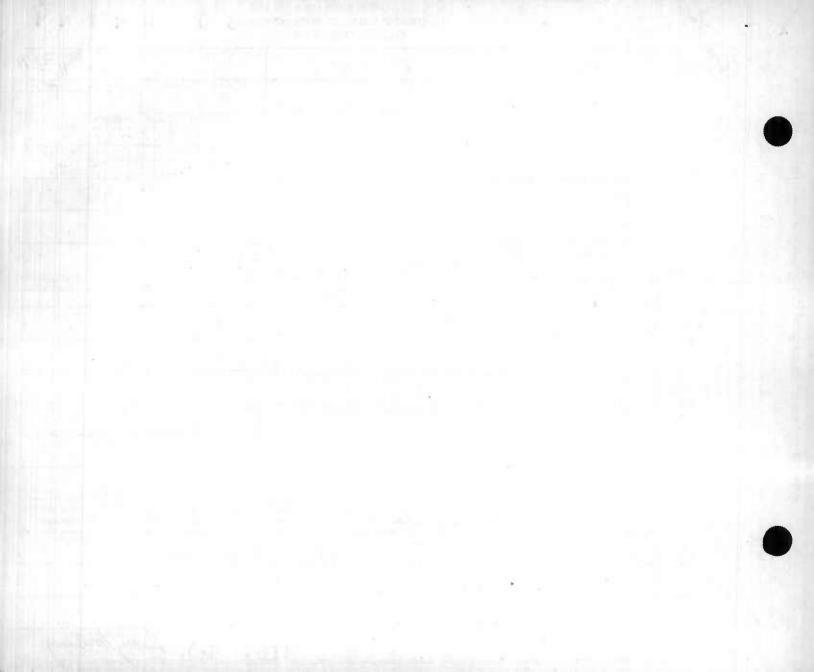
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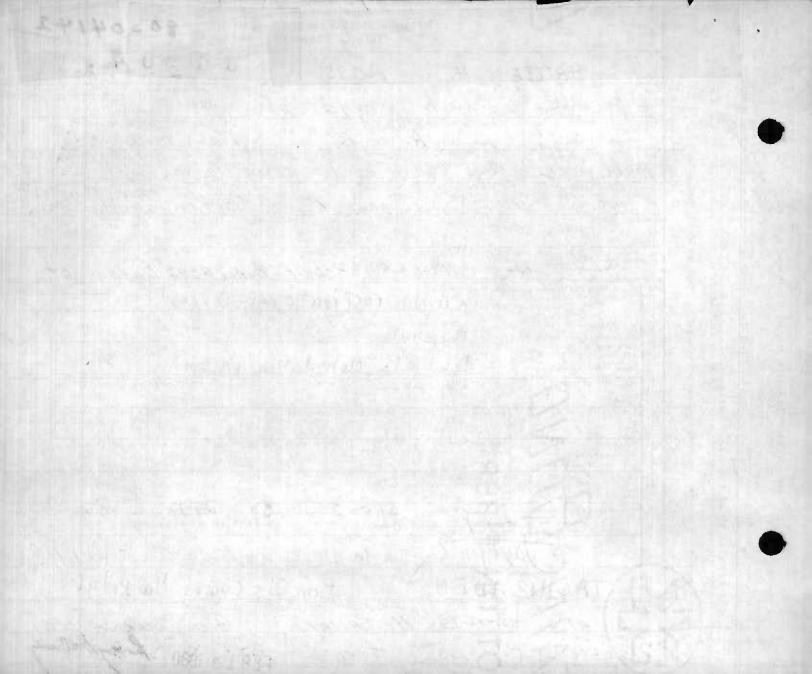
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	a, BIR	THPLACE (STATE OR EIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED   NEVER M	APPIED 7	BALTIMORE CITY	OR COUN		
		ew YORK	U.S.A.			ORCED	Balti	more	City,	
10	0. CIT	Y OR TOWN OF DEATH		SPITAL, NURSING HOME	, OR OTHER INSTITUTION	12a USUAL	OCCUPATION (1	YPE OF WORK	126 KIND	
		Baltimore		sity Hospit			sewife			
	SUAI a. ST.		ITY	13c. CITY OR TOWN	(13d. INSIDE CITY LIMI		ADDRESS			
L			timore	Essex		x 33	Cypres	s Dr	ve	
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=	-	No		1068-18-1	927   Mrs	Dorothy	Deator	1 22		ough
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		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT HOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN	TH PART 1 (a).				
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	Ĭ.								YES	S 🔀 NO [
		210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF	10/0	A. MONTH DAY YEAR	Subject she		ure of injury in Item	18 PART 1 OR F	ART 2)	
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	<	WHILE NOT WHILE AT WORK		rtment	1603 Gail R			Balti		Mc
		22a. I certify that I taak charg	ge of the remains de ral causes ;		Autopsy X, Insp	ection , Undetern	Inquiry ,	and in my o	ıpinian	
-		ACTUAL SIGNATURE VING	ma ZL	Odan	M.D. Assist	ant	AL EXAMINER	DATE	2/	11/80
				Dolan, M.D.	ADDRESS		111 Pe	nn St	reet	- Carlot and a second
2.	3a. BU (SP	RIAL, CREMATION, REMOVAL Burial			METERY OR CREMATORY	23d. LOCA	IOWN	COL	YYNU	MO TELL
7		DUTIAL .	Feb. 14,	1980 Ho	lly Hill			Ltimo		Maryla
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	4. FU	NERAL DIRECTOR Duda-	Ruck, ADJA	ic.		TED 1	GISTRAR 25b. RE	GISTRAR'S	SIGNATUR	Cready

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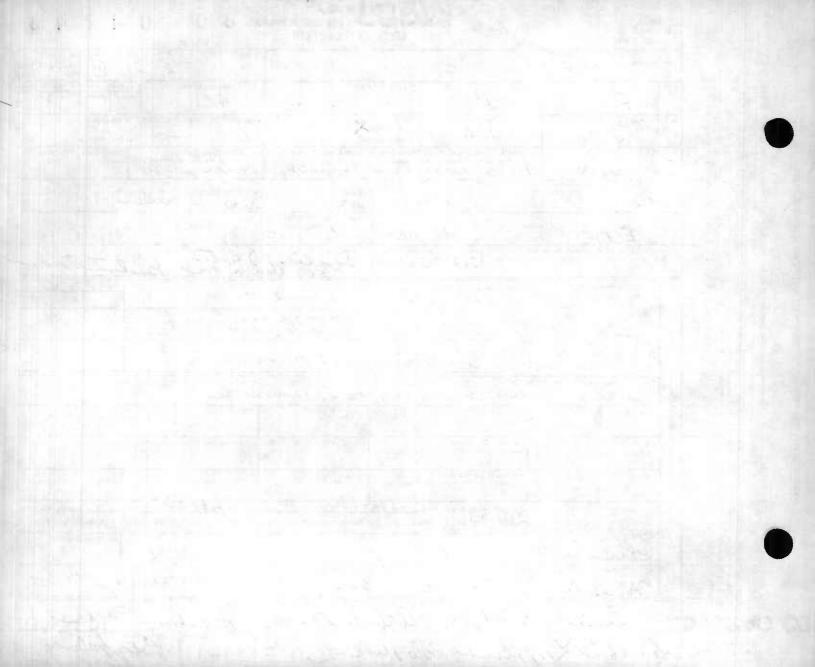
		STATE OF MARYLAND
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & O Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
	L C	PECEASED NAME FIRST MIDDLE DIAST TO DATE OF DEATH MONTH   DAY FEAR TO HOUR 5
ny be		MARY ROMANO 2/25/80 5:03
age 4 may	3. 5	F WHITE OCT. 5 1891 88 YRS. MONTHS DAYS HOURS MIN
death. B	911.	BIRTHPLACE ISTATE OR FOREIGN  TO CITIZEN OF WHAT COUNTRY?  MARRIED   NEVER MARRIED   BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED D DNORCED   BALTO C'TH MD.
by the further for the formal state of the for	9 10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. KIND OF BUSINESS OR (ITYPE OF, WORK FOR MOST OF WORKING LIFE)  12. KIND OF BUSINESS OR (ITYPE OF, WORK FOR MOST OF WORKING LIFE)  12. KIND OF BUSINESS OR (ITYPE OF, WORK FOR MOST OF WORKING LIFE)  12. KIND OF BUSINESS OR (ITYPE OF, WORK FOR MOST OF WORKING LIFE)
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imore in and con and c	/ 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1801 WILLIAM + MARY GAM.  (YES, HOOD UNKNOWN) 18 YES, GIVE WAR OR DATES) 171-36-3459 ANDREW BELLO SUMERVILLE N.J.
, 201 W. PRESTON ST., BALIT quires that the death certificat gned by the attending physicis please remove carbon papers. burial, cremation, or removal.		IN CAUSE OF DEATH (Enter only one couse per line for 101, 161, and 101)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse 101, storing the underlying couse last  (c)  APPOXIMATE INTERVAL  Care TNO MA  C
The law re e has been si erruit. Then service erruit. Then service service erroit to the stows any to the stows any to the service erroit to the service error e	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10-6  At Faios clawity teat Disease with Congestive Failure  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 1
VITA CLAN CLIAN ician. trifical ansit   Hygi		216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION OF IDING PHYSI retending phys After this cer is the burial-tra is the burial-tra in and of nete	MEDICAL	214 INJURY OCCURRED  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218 INJURY OCCURRED  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET  CITY OR TOWN  COUNTY  STATE
TTEN alor a TOR use a I Heal		27e I certify that (I) (this haspital) attended the decrased from 19 , to 19 , that (I) (we) lost sow the decrased give an 19 , and that in (mg) (our) opinion death occurred on the date and hour and from the causes stated above. (f) (we) (digit (did not) view the body after death.
TO HOSPITAL OR AT retained by the hospital TO FUNERAL DIRECT should be detached for a with the State Dept. of MPORTANT: If Item 2		226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  2/25/80
TO HOSPITAL retained by the hospital to FUNERAL E should be detach with the State D IMPORTANT: H	/	MARCOS B. GALICIA In MED Worth CHArles GEN. HOSP.
1403BP	L	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION COUNTY MD
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR  ADDRESS HABITE  ADDRESS HABITE  ADDRESS HABITE  ADDRESS HABITE  FY BIZ 721980





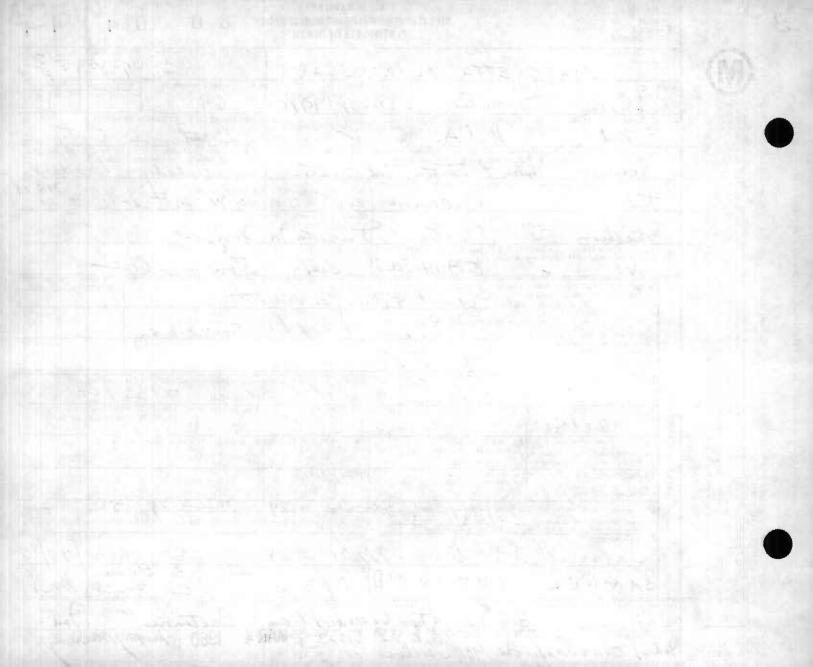


	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 (	04143
nay be page 3 r death		CEASED NAME FIRST MORDE	N/A C.	ROS S	20. DATE OF DEATH MONTH	21 80 2.94 PM
age 4 mar ector, pa n's after do once.	3 SE	× F	4 RACE	S DATE OF BIRTH MONTH DAY YEAR OF 24 38	6. AGE (IN YEARS LAST BIRTHDAY)  4 Z  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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TIMORE, te be exected an and of Pages 1.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 212 36		aliman B	aling god
'requires that the death certific in signed by the attending physic heap please remove carbon paper to burial, cremation, or remova by injury, or other traumatic eve	NO	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	ENCE OF SUPERIOR CONTROL OF THE TERM		GIVEN IN PART 1101
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OR OR Hea		saw the deceased alive on	tal) offerded the deceased from	ond that in (my) (our) apinion	death occurred on the date and h	
ortal CR AT		27) SIGNATURE	Re Joseful	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL retained by the IT TO FUNERHAL should be detach with the State D IMPORTANT: I		CALLOS A.	OE JONG 14.	22 S gree	veSt. Baltin	were Md 21201
1606BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	230. DATE 7, 80 13c1	NAME OF GEMETERY OR CREMATORY	23d LOCATION CITY OF LOWN	COUNTY
DHMH-16 25M (VRA 15, 4) 1/79	74 +	Clillia X	Chicamo ADDRESS	07 Whole FE	TE REC'D. BY REGISTRAR 236. REG	STRAR'S SIGNATURE



	FOR - STATE REGISTRAR		T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	9 0	04144
4 (M)	DECEASED NAME FRST	GRETTA M.	ROUSSEA U DATE OF BIRTH MONTH GAY YEAR	REG. NO.  70. DATE OF DEATH MON  20. AGE (IN YEARS LAST BIRTHDAY	- 29-80 5.5°
death 72 h	BIRTHPLACE ISTATE OR FOREIGN COUNTRY MA	MJA. W	AARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	une City.
hours af	CITY OR TOWN OF DEATH  COLLEGE SUAL RESIDENCE (IF NURSING HOME A STATE  1136 COL	OP OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGM	hed Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  ALBALA  134 STREET ADDRESS	
4 12 1	FATHER'S NAME	Section of Soutier	VES NO D	Yoskras	LA GREEK HA
ate be exection and the	No.	IRMED FORCES? HE SOCIAL SECURITY  19-14-30  only one cause per line (amp), (b), aggl (c)	12 INFORMANT	Some as a	boul PROSESSIT FILLEY
The law requires that the death ce has been signed by the attending ermit. Then please remone cerbon one prior to buring, ceremation, or shows any injury, or other traums	Conditions, if ony, which gave rise to immediate couse to storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO OR AS A CONSEQUENCE  IN DUE TO OR AS A CONSEQUENCE  ICONDITIONS CONTRIBUTING TO DEAD  190. CONDITION FOR WHICH OPE	H BUT NOT RELOTED TO THE JERN	200 ANTOPSY) [201	ON GIVEN IN PART 1(a)  LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
NG PHYSICIAN: nding physician. Iter this certificate ee burial-transit pe and Mental Hygier and Mental Hygier wheel or Item 18 si	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.	YEAR 19 211 LOCATION	YES NO PRINTER MATURE OF MURY IN I	YES NO TIEM 18, PART 1 OR PART 2)  COUNTY STATE
hospital or attendial or attend	220.1 certify that (1) (this has	pital) attended the deceased fram 2/2 8/19 80  and view the body after death.	, and that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN		and haur and fram the causes stated
etained b O FUNE With the S MPORTA	224 PHYSICIAN'S NAME (TYPE SAMUE L 10 BURIAL, CREMATION, REMOVA	RUBIN	AD THE ADDRESS 203 6	23d WCATION CITYOR TOWN	COUNTY STATE
DHMH-16 25M	SPECIFY)  LEUNERAL DIRECTOR  NAME  FORWARD V.	13-3-80 Their	he 21223 130 11	READ. BY FINANCESS.	ile Trul.

CTATE OF MARKIANA



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR - STATE

DHMH - 16 50M 7/77 (VRA 15(4))

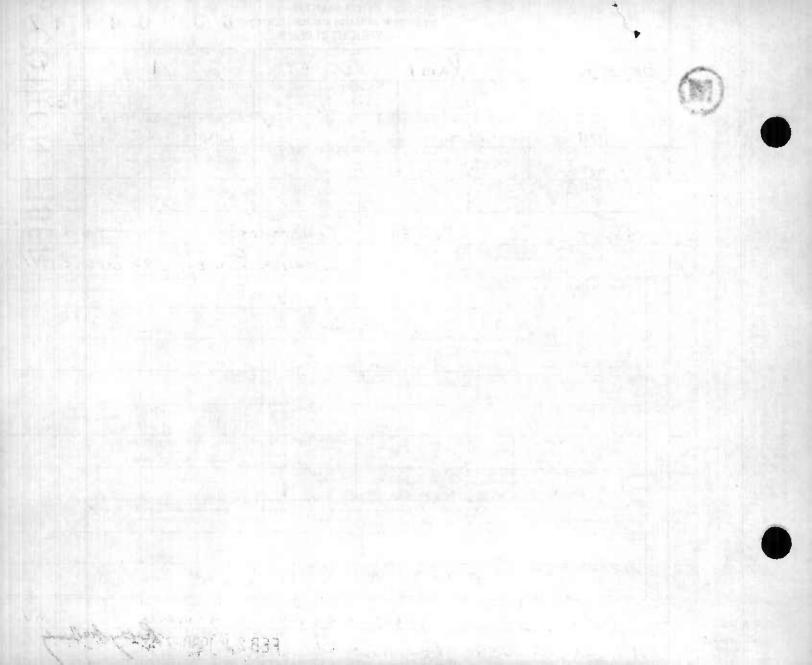
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	1			STAT	E OF MARYLAND		
	1	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL H	YGIENE 8 0	0 4 1 4 6
		CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
y be		FREDER	ICK	RC	WLEY	FE	B 8 80 9:30P
ê Par	3. SE	X	4 RACE	S. DATE O	OF BIRTH H DAY YEAR	& AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
ge 4		Male	Black	5	18 1893	86	YRS
9 4 P		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
leo I		MD	USA	WIDOW			CITY
offer o		ITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES UNION MEMOR	TREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W UNEMPLOYE	VORKING LIFE) INDUSTRY
1 1 1	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION			
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Detel nd 2 s	14. F		AIDDLE LAST		15 MOTHER'S MAIDEN IN	MIDDLE	LAST
o Lo	16n 3	James was deceased ever in u.s. ar/	ROW]	SECURITY NO.	17 INFORMANT	ADDRESS	5
n and c	100		WAR OR DATES)	2-9616			
0 0 0							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng physici banpaper remaval c event, th		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSE	DBY:	piralor	y aunt		14.
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by te		underlying cause last	DUE TO, OR AS A CONSI	4 more	encialar acc	Deut	IWK
gned en ple burio ry, or	-	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
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The cian cian set had	E					YES NO P	YES NO
physicie rtificate ol-transit m 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	THE HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)
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er this s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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priol priol TOR for u		saw the deceased alive an abave, (1) (we) (did) (did not		19 80 0	nd that in (my) (aur) apinio	an death accurred an the date	e and haur and fram the causes stated
REC IREC ept. tem	15	22b. SIGNATURE	Ti view me body direr deam.	- 51 11 33	DEGREE		224. DATE SIGNED
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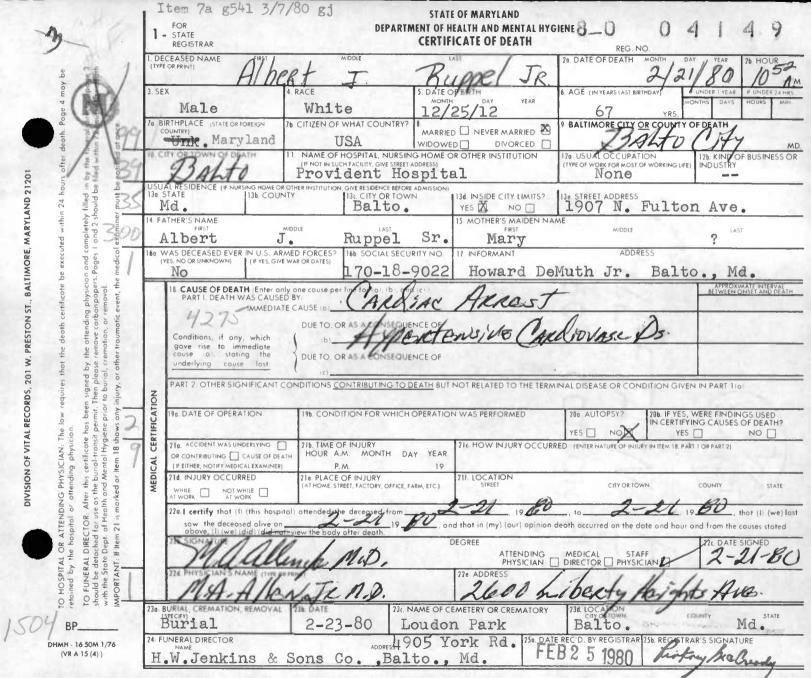
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	11.	FOR, STATE REGISTRAR	DE		EALTH AND MENTAL HYC	REG. N	0 4	4   4
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ed blood by	1	AL RESIDENCE (IF NURSÎN	THER INSTITUTION, GIVE RESIDENCE IN TY		13d. INSIDE CITY LIMITS? YES NO NO	130, STREET ADDRESS		
7999	THE FA	GUY		WIEY	15 MOTHER'S MAIDEN NA	CR MIDDLE		5mith
- From		WAS DECÉASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIA	L SECURITY NO.	CONSTANCE	Rowley		Brechfie
permit. Their precise remove co	IFICATION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V	ISEOUENCE OF		NINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, N	WERE FINDINGS UNG CAUSES OF DE
	CERTIF	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	THE SAME MEAN	21c HOW INJURY OCCUR		YES RY IN ITEM 18, PART	
18 19 9	1 4	OR CONTRIBUTING CAUSE OF DE.		H DAY TEAR				
h and Mental Hygie riked or then 18 sho		OR CONTRIBUTING CAUSE OF DE	8111	19	211 LOCATION STREET	CITY OR TOW	AM	COUNTY
Sate Dept. of Health and Mental Hygies NT. If then 21 is marked or then 18 Mon	1 4	OR CONTRIBUTING CAUSE OF DE.  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  NOT WHILE AT WORK  220. I certify that (I) (this hosp, saw the deceosed olive an obove, (I) (we) (did) (did not 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, ital) attented the deceased	19 OFFICE, FARM, ETC.)  fram, on	street  , 19 d that in (my) (our) apinion EGREE  ATTENDING PHYSICIAN [	CITY OR TOW	, 19 ote and haur o	), that (I
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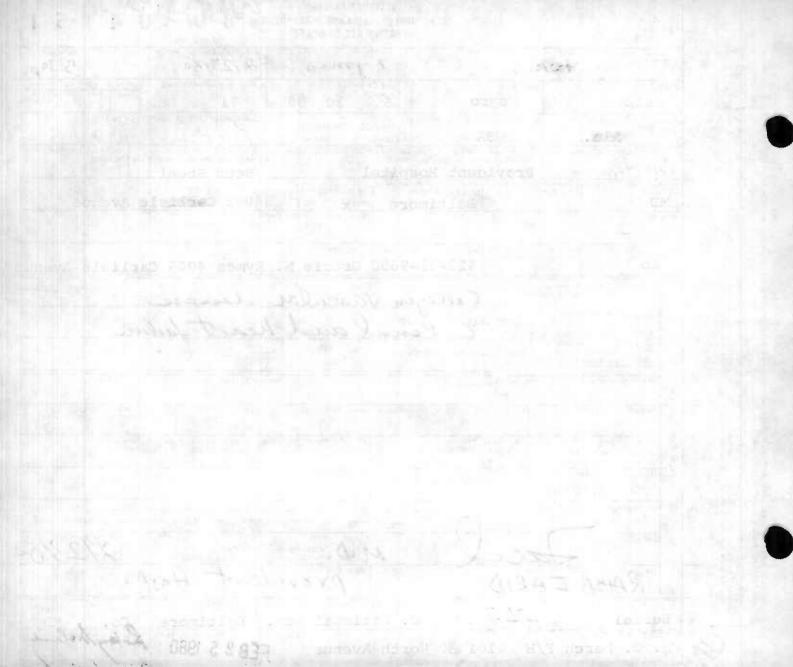
h	1 -	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	04148
	1. DEC	CEASED NAME FIRST	WIDGE	LAST	20 DATE OF DEATH MON	1001
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ê ê	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
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Pod ib di		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	AARRIED MEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
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5 0	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS		ADDRESS	. 1
<	()	YES NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 213-	01-952K Kenneth Ru	Lalph (sm) 3547	Fourth St.
ALTI		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., 8A		PART I. DEATH WAS CAUSE	TE CAUSE (a) CONGES	tive heart to	activic	
ON ST., th certifi ading pt carbang or remo		491-	DUE TO, OR AS A CONSE	OHENCEROS OS		***
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hor the by the case re		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, ORIAS A CONSE		pulmenas	y disease.
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N OF	CAL	OR CONTRIBUTING ( ) CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	AIH	19		
DING PHYSIC or attending After this cer se as the burio oith and Ment marked or ther	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
3 6 6 0 0		22a I certify that (1) (this hasp	ital) attended the deceased fro	m_1-19	1 to 2-19	, 19 <u>80</u> , that (1) (we) last
Tig by of		saw the deceased alive-or abave, M (we) (did) (did ho	2-19 att view the bady after death.	9, and that in (my) (aur) apiniar	n death accurred an the date o	and have and from the causes stated
OR A DIRECTOR DIRECTOR DIRECTOR DEPT.		226. SIGNATURE		DEGREE		22c. DATE SIGNED
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O HOSPITAL Pointed by the Pointed by the Should be deter with the Store		22d. PHYSICIAN'S NAME (TYPE	The state of the s	22e ADDRESS	0	00011
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04000 KE#38	23a. B	SURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	2/23/80	Cedar Hill Cem	Brooklyn	
DHMH - 16 50M 7/77		JNERAL DIRECTOR	ADDRESS	DOLL OU WINN )	TE REC'D. BY REGISTRAR 25b.	
(VR A 15 (4))	Ge	orge J. Gono	e 4001 Ritch	ie Hgwy	B 2 6 1980	history McCreedy

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1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 3 0	0 4 1	5
	PE OR PRINT)	MIDDLE	Rymes	2. DATE OF DEATH 2/23/80		16. HOUR 5130 p
3. SE	Male	Negro	5. DATE OF BIRTH  MONTH  S 30 08	6 AGE (IN YEARS LAST BIRT		# UNDER 24 H
70. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED C	BALTIMORE CITY O	R COUNTY OF DEATH	
29/	DA I tima se		G HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY	
130	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	isle Avenue	2
14. F	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST	
the me	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (# YES, GT	NE WAR OR DATES)	rity no. 17 informant -9650 Gracie M.	ADDRE Rymes 400		Aven
any injury, or other	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO C		RMINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)	
n 18 shows a	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSÝ? YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
marked or Item 1	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMINE) 214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	EATH HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	JRRED JENTER NATURE OF INJUR		STATE
If Item 21 is	22a.1 certify that (I) (this has	pital) attended the deceased from	DEGREE ATTENDING	_ MEDICAL _ STAF	ote and hour and from the co	
MPORTANT:	<		1 - C P I PHISICIAN			
APORTANT:	22d PHYSICIAN'S NAME (TYPE	ORPRINT) ARID	270 ADDRESS PYO VI	dent f	LESP.	



	1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF OUT OF THE STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.								
y be ge 3 eoth		ECEASED NAME FIRST STEE OR PRINT) Stanislawa	tella MIDDLE H.	Rzeczkowska	20. DATE OF DEATH  Febru	MONTH DAY YEAR 26 HOUR				
ge 4 mo	3. 51	Female	Nhite	S. DATE OF BIRTH  MONTH  June 13 1898	6. AGE (IN YEARS LAST BIR					
deoth. Po	7a E	SIRTHPLACE ISTATE OF FOREIGN POLAND	76 CITIZEN OF WHAT COUNTRY U.S.A.		O BALTIMORE CITY	ore (ity MD				
by the filed with	10 0	Baltimore	16 NOT IN SUCH EACHLITY, GIVE STUE	reet	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Seamstres	12b KIND OF BUSINESS OR INDUSTRY				
in 24 hours of	130.	Md. 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TO Baltin	PRE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES Z NO [	13e STREET ADDRESS 900	ugh Street				
omplete complete	14. F	Stanislaus	Peplowski	15 MOTHER'S MAIDEN N. Rest Karolo	AME MIDDLE	LAST				
on and co	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	EWAR OR DATES]  166 SOCIAL SEC.  215-01-	3780 Mary Poniato	owski Bal	timore, Maryland				
ne deoth certificate te ottending physicic move carbon pool motion, or removol ritroumatic event, th		Conditions, if ony, which gove rise to immediate cove in the strain of t	DUE TO, OR AS A CONSEQUENCE (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
signed by the property of purification of purifications and purifications are purifications.	z	underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL CONSEQUENCE OF THE TOTAL CONTRIBUTIONS CONTRIBUTIONS TO	death but not related to the ter	minal disease or con	IDITION GIVEN IN PART 1101				
hos been permit. If ene prior the partor the	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
SICIAN: The long physicion. certificate has suid-transit per tental Hygiene Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MONTH	DAY YEAR						
OING PHYS or offendin After this c e os the bur olith and Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE				
ATTENDIR nospitol or ECTOR: Ai ed for use of to use of Health		22s I certify that (I) (this hospi any in Occasion of a co- occasion) I we (did did od 22s A (22 23 1) III	tol) attended the deceased from	and that i (my) our) opinion	n death accurred on the d	lote and hour and from the couses stated				
HOSPITAL OR fined by the HEUNERAL DIR uld be detochen the Stote Der ORTANT: If he		22d PHYSICIAN'S NAME (TYPE O	Myuli	ATTENDING	DIRECTOR PHYSIC	FF 17-1-517				
TO HOSPITA retoined by TO FUNERA should be de with the Stot	730	Jheodoru BURIAL, CREMATION, REMOVAL	e Niznik M.I	10/0//	helle SI	2/23/				
0/ BP		Specify)  Burial  UNERAL DIRECTOR		Yoly Rosary Cemeter	CITY OR TOWN	re, Maryland				
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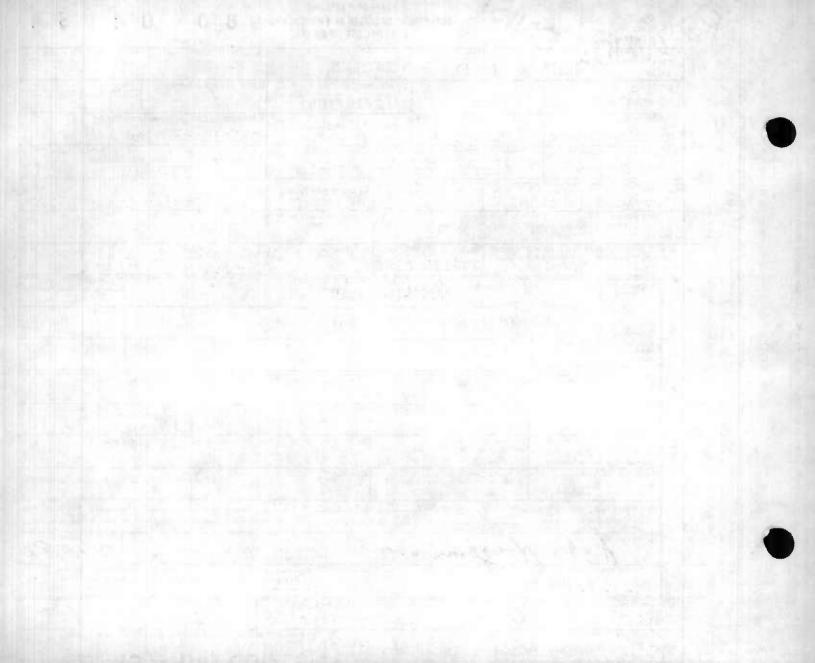
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

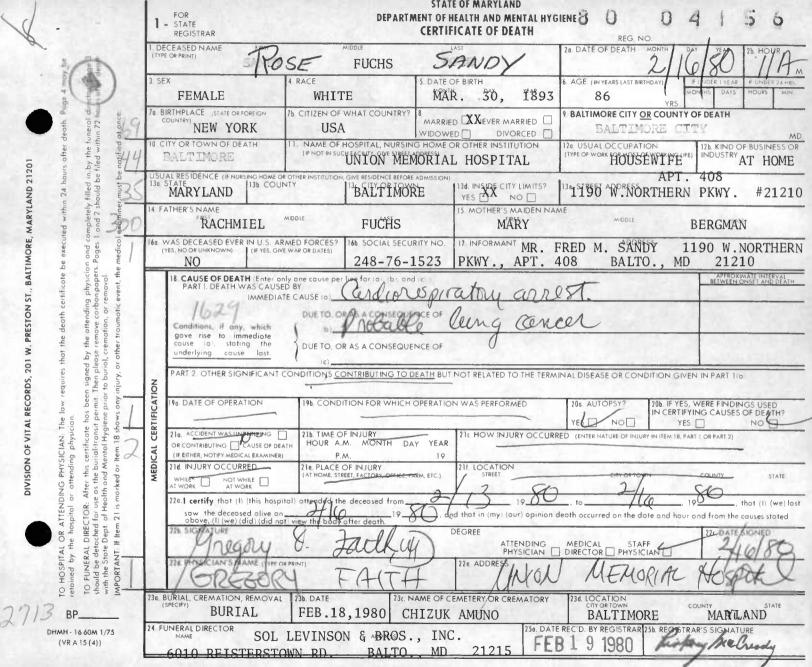
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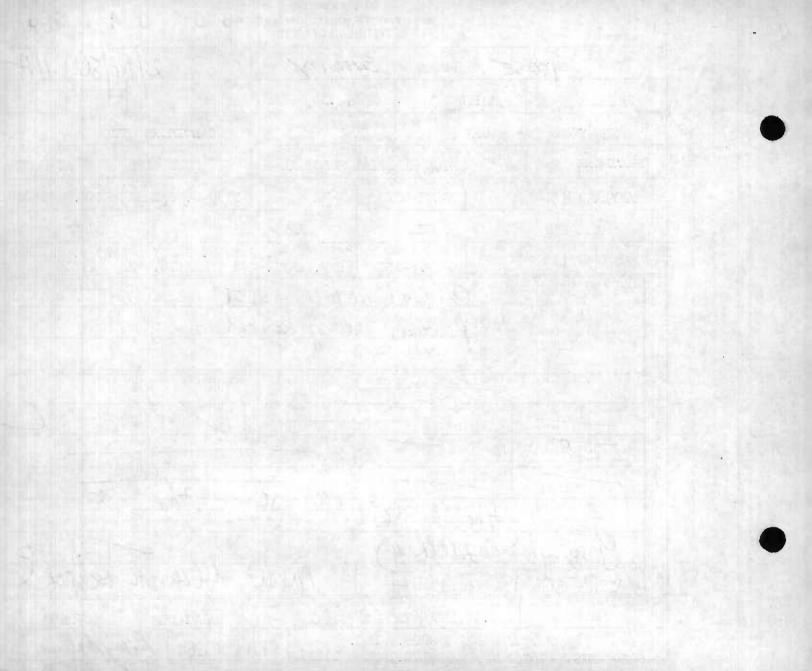
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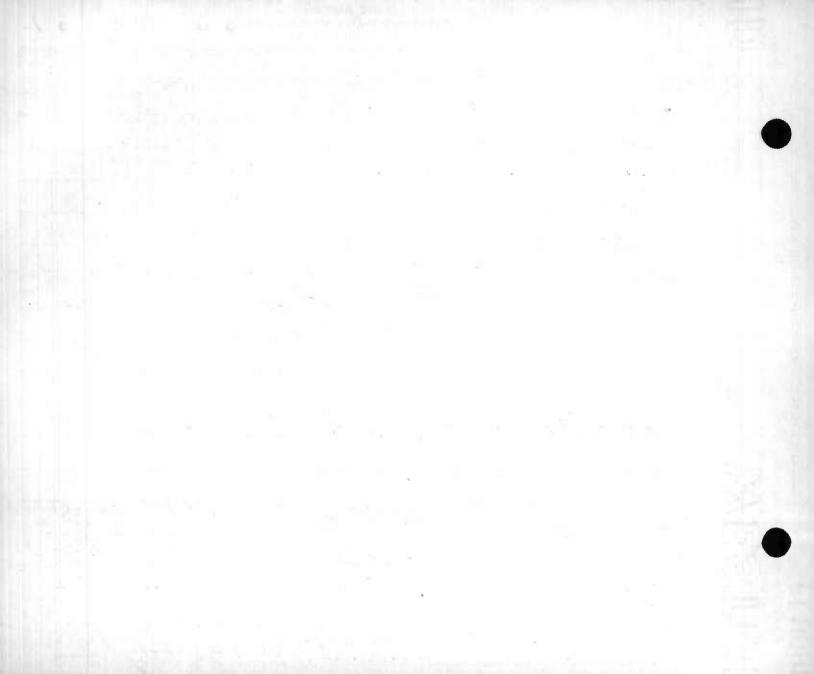
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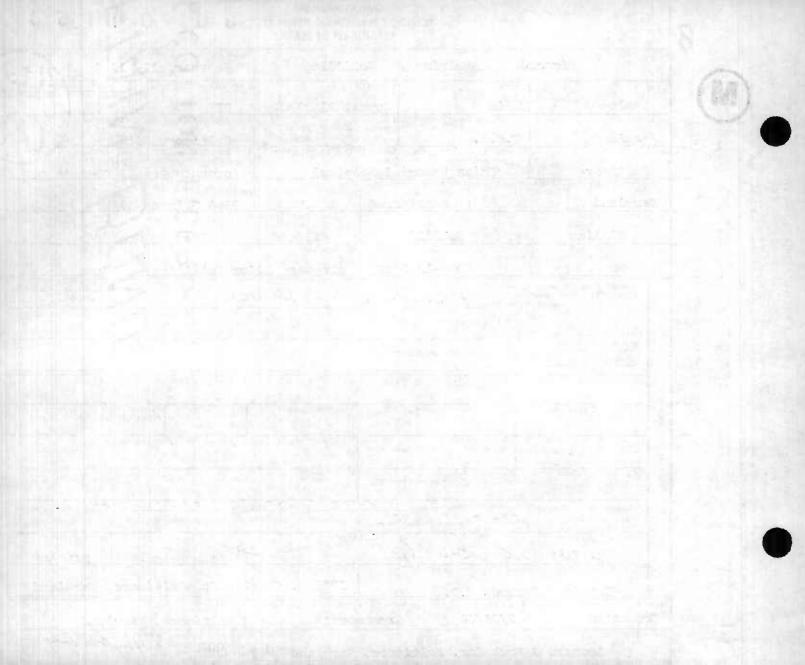




DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Richard Melvin Schilling February 17, 1980 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH VEAR HOURS Male White August 21, 1902 a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY Maruland U.S.A. WIDOWED DIVORCED T Baltimore Citu ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Accounts Rep Chessie R.R. USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore 3100 Grindon Ave YES TH NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Schilling. Mildred Lee Scheffer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST No 705-12-2032 Mrs Mary Ellen Schilling Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTARCTION PART I. DEATH WAS CAUSED BY 4000 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION a 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED. ā IN CERTIFYING CAUSES OF DEATH? shows NOF Mental Hygie 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH frem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION ò 21d INJURY OCCURRED 7 le. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased plive on ___ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after/death 22b. SIGNATURE Dept DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF PHYSICIAN T DIRECTOR PHYSICIAN MPORTANT: 2/18/80 THE PHYSICIAN S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S 3201 N. Charles St Baltimore, Maruland Francis X Carmodu M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation 2/21/80 Baltimore, Maryland Greenmount 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BOGISTRAR'S SIGNATURE DHMH - 16 50M 1/76

Leonard J Ruck Inc. Baltimore, Maryland

(VR A 15 (4))



DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 2b HOUR 02 3:35 PM IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR HOURS -03 10 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FACTORY WORKED 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO [ 15. MOTHER'S MAIDEN NAME MARGARET MIDDLE Linsenmeyer 17. INFORMANT ADDRESS Margaret T. Schmidt same as 13 e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN FARCTION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO P YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211. LOCATION CITY OF TOWN COUNTY STATE -02and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c, DATE SIGNED DEGREE 2-11-80 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 5B6H-3001 S. HANOULE ST. 2(230 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. Holy Cross Cemetery Brooklyn FEBI 3 1980 24 FUNERAL DIRECTOR Balto 21225 George J. Gonce 4001 Ritchie Hgwy

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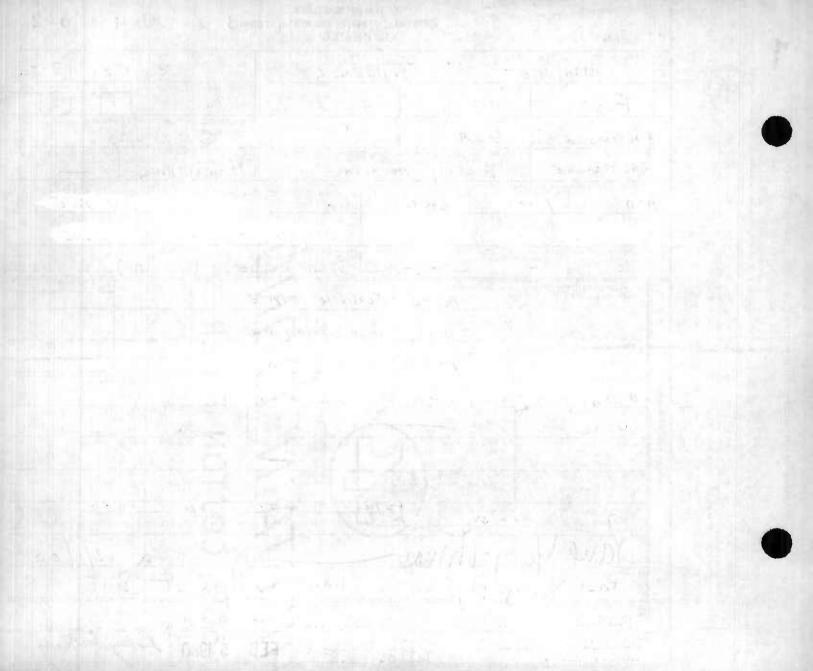
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	1.	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	4 1 0 2
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or 4 may	3. SE.		4 RACE White	5. DATE OF BIRTH  MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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by the hore recorded State Dept.		226 SIGNATURE	our-19 mar	DEGREE ATTENDIT	NG MEDICAL STAFF	271 BO
should be dewith the State		22d DAYSICIAN'S NAME ITYPHO	MP-HYMNI	22e ADDRESS	Williamst	Balt.
F ≈ 3 ≤	(:	urial, cremation, removal Burial	2/4/80 Mo	st Holy Redee	emer Baltimore	county . STATE Maryland
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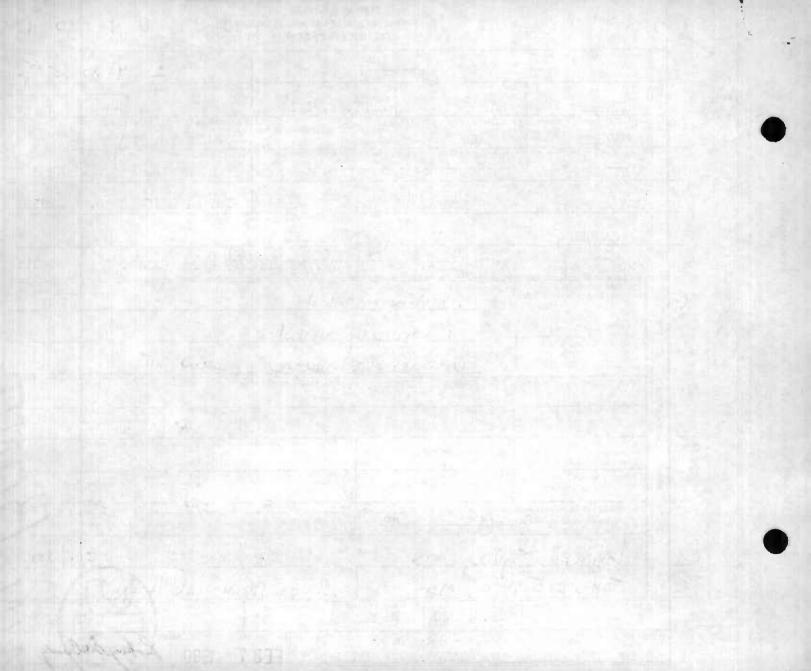


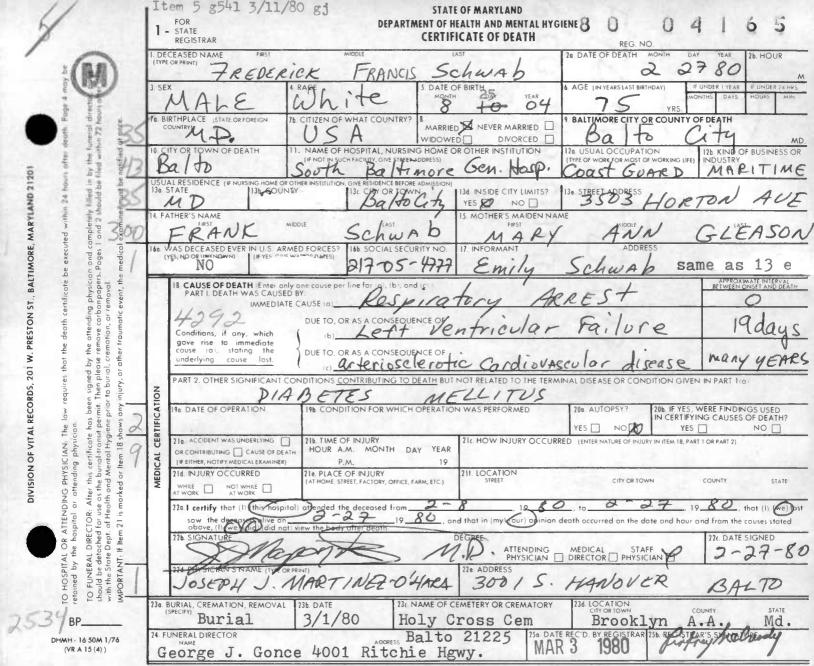
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	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4 1 0 0
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the hos AL OR A the hos AL DIRECted the Dept.	226. SIGNATURE K.P. X		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED
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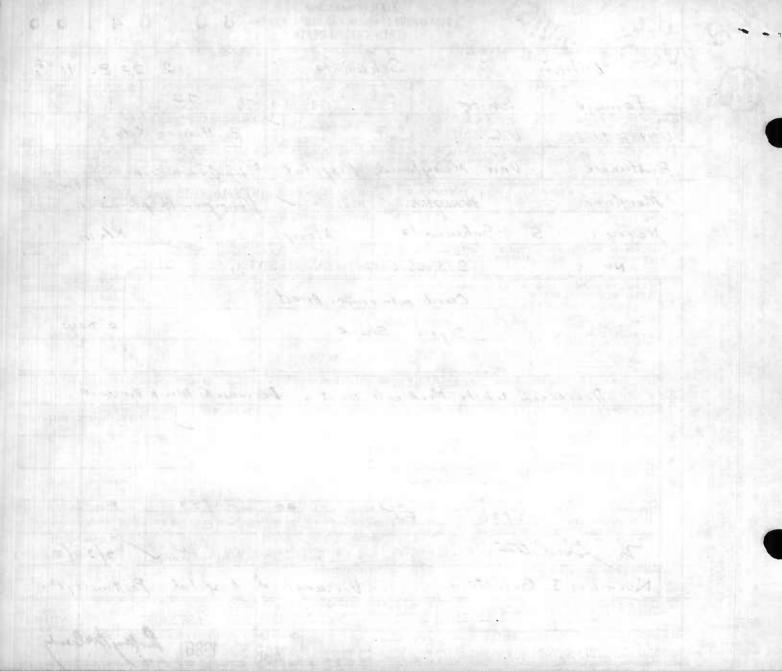
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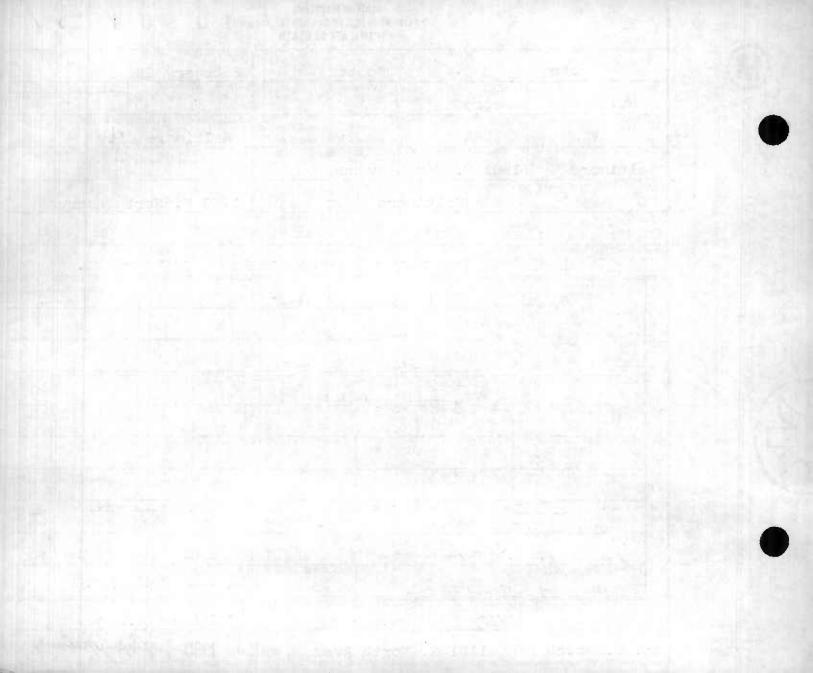
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O	В	altimore	1903 W	H FACILITY GIVE STREET  North	address)  Ave	enue	12a USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKING	LIFE) 12b.	KIND OI USTRY	F BUSIN	ESS OR
3	13a. S M.			GIVE RESIDENCE BEFOR 13t. CITY OR TOW Baltimo	/N	13d INSIDE CITY LIMITS? YES NO	1903	W. Nor	th A	ven	ue	
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1		No		218-10-7		Brenda Craw	viora	2637 Hu				
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		3352 Conditions, if ony, which	DUE TO, OF	R AS A CONSEQUE	ENCE OF	Palsy				- Agrandor		
		gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OF	R AS A CONSEQUI	-	Desulat.				-		
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	R CONDITION G	IVEN IN P	ART 10	5	
	T O	470 Aspira		remoner -	nul	the same						
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES N	IN CERT	ES, WERE IFYING C YES []			TH?
9		21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18	I, PART I OR P	PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC )	21f. LOCATION STREET	CI	TY OR TOWN	COUN	NTY	S	STATE
		220.1 certify that (lightis hasp saw the deceased alive or above (light) (did) (did no	Teb 2	4 19	GALS.	nd that in (my) (our) opinion	death occurred o		. 19 EC	, ,	that (1) (	March 1997
		James N	Har	for	,m	DEGREE  ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN D	-	DATE S		
1		22 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	, ,	11			1	
		JAMES W.	HATT	HORN		Johns 1	Hop has	7 14	s=pt	tal	1	. 1.
	23a. B	urial, cremation, removal Burial	3/4/80			emetery or crematory  W Ridge Cem	23d LOCATION CITY OF TO Balt	more Co.	COUNTY MO	1.	ST	TATE

DHMH - 16 50M 1/76 (VR A 15 (4))

Wm. NAME C. March F/H 1101 E. North Aye.

Meadow Ridge Cem Baltliffle Co., 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Worth Aye. MAR 3 1980 Fifty Malesly



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

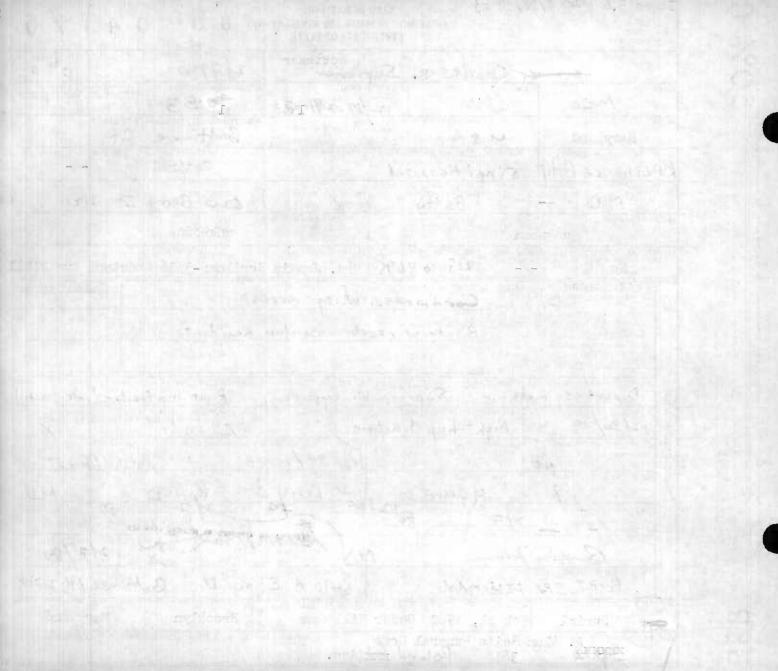
CERTIFICATE OF DEATH

FOR - STATE

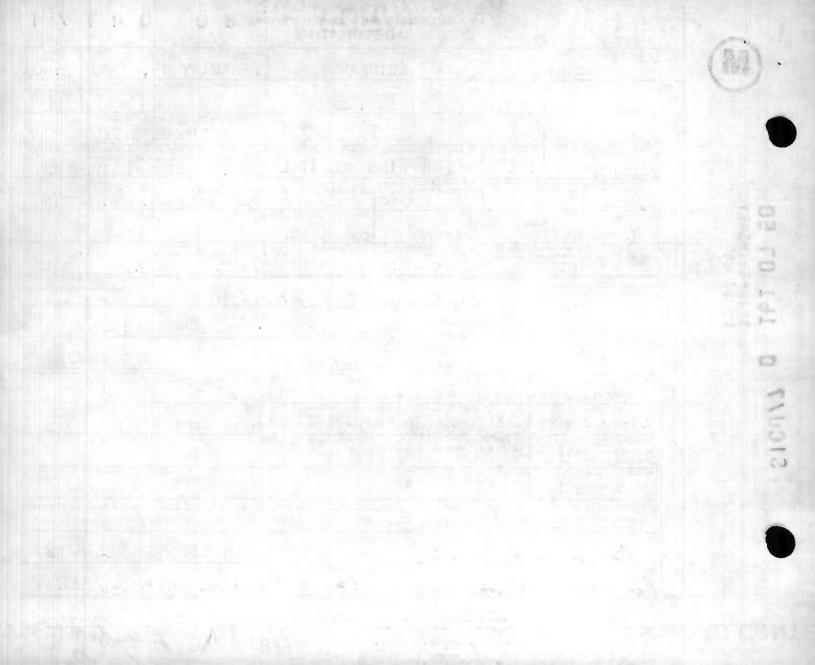
REGISTRAR

A CONTRACTOR OF THE PARTY OF TH · in the state of . Warrante and the control of the co . M. compared to the money of the Contract of Miss Numeral Nove Meistered n, DE. Child

h		It	ems 5,6 g540 2/	28/80 g	j	STATE	OF MARYLAND			
P		1	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	SIENE 8 0	041	70
			REGISTRAR				CATE OF DEATH	REG. NO.		
	m=		CEASED NAME FIRST (CORPRINT)		MIDDLE		Scribner	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	oge deat		7		arles E.		- 1	217/80	IF UNDER 1 YEAR	12. PM
	e 4 may be trar, page 3 ofter death	3. SI	× Male	4. RACE	ite	5. DATE O	) DAY ON YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN
	Poge direct	1	IRTHPLACE (STATE OR FOREIGN	~	WHAT COUNTRY?	12	11 12 11 1898	9 BALTIMORE CITY OR CO	YRS.	
	nerol d in 72 ho		Maryland	4	SA	MARRIED	D DIVORCED	Bestimore	- City	MD.
10	s after d by the fu iled with	110	ALTIMORE City	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY GIVE STREET	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY	OF BUSINESS OR
MARYLAND 2120	filled in ould be		AL RESIDENCE (IF NURSING HOMED)		Batto	ADMISSION)	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	7 Sto 21	211
MARYL	mpletely and 2 sh	14. F	ATHER'S NAME FIRST unkn	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	unknown	LAS	л
BALTIMORE, I	ond cor Poges 1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	218 10 8		Mrs. Jessie	ADDRESS Scribner-3516	Chestnut	Ave 21211
r., BALTI	physician popers. maval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY: TE CAUSE (0)	*	d (c)	rutory arm	est	BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON ST	death cert ottending ave carba ave re- rition, ar re- roumatic e-		436 - Conditions, if ony, which		DAG A CONCEOUE		ebro vasculeur	accidents		
₹	by the of use remove cremotic contertro		gove rise to immediate couse 101, stating the underlying couse lost.	)	R AS A CONSEQUE					
DIVISION OF VITAL RECORDS, 201	equires the signed. Then pled to buriel niury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	C.	DEATH BUT	11 . 1	01	r	ntertrach.)
L RECOF	ne law re bns beer permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH		WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND IT CERTIFYING CAUSES YES	
OF VITA	SICIAN: Thing physicial certificate burial-transit tental Hygie tem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		YEAR	Pellathor	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	IIT
VISION	DING PHYSIC or attending After this cere to sthe burio alth and Ment morked or ter	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION GROUP BERRY	St. CITYOR TOWN	COUNTY	ÄD.
ā	or or se ose ose of the more		220.1 certify that ## (this hasp		-	1/2/	7-9 19-79	10_2/7	19_50	that (I) (we) last
	ATTEND spital a CTOR: A for use		sow the deceased alive on above, (1) (we) (did) (did no	2/7	ofter depth	, or	d that in law in appointment	death accurred on the date or	A how and from the	couses stated
	OR he ho		22b. SIGNATURE	a Zeldu		,	DEGRE ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR   PHYSICIAN	27 DATE	SIGNED 1
	TO HOSPITAL retained by the TO FUNERAL should be detromath the State IMPORTANT:	7	22d. PHYSICIAN'S NAME (TYPE OF TR	OR PRINT)			22e. ADDRESS		Saltimore 1	MD 212.09
	TO Figure 10 May	22-1				NAME OF C	EMETERY OR CREMATORY	123d. LOCATION		
130	/BP	1.5	BURIA, CREMATION, REMOVAL Burial	Rep T	1, 1980	Cedar	Hill Cem	Brooklyn Redd dy Rockar 25b	P. L. COUNT Mary	rland"
	DHMH - 16 50M 7/77 (VR A 15 (4))	24	UNERAL DIRECTOR A. A.	an Seita 3818	z Fungral	Home Se	L Ave.	EREC'D. BY RED GIBAR 256/R	EUISTRARSSIONAL	OREGULY



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Σ. THE TOTAL CITY 1215 . M . 3521 and the same succession of the same successio time . The state of the state o The state of the s bridge and the last the other Smallers date still taken to fill till till. and the state of t

				DEPARTMENT (		34		1 2 6		
4	- STATE REGISTRAR		ME	DICAL EXAM	INER'S CERTIFICAT	E OF DEAT	H REG. I	NO.	1 1 /	J
	DECEASED NA	ME FIRST		WIDDLE	LAST	20	DATE KNOWN	нтиом [	DAY YEAR	26 HOUR
3. S	TIPE ON PRINT)	DAVI	D	Leroy	SEVISON		OF ESTI- DEATH MATED	2	27 ,,80	M
3.5	EX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIL	IN YEARS IF UNDER 1 YR. IF U	NDER 24 HRS. 20	DATE RONOUNCED	MONTH	DAY YEAR	9 152°
tion 1	male	white	JAN. 5		YRS.		DEAD	2	27 ,80	a _M
	BIRTHPLACE FOREIGN COUNTRY BALTIMO			HAT COUNTRY?	8 MARRIED NEVER	MARRIED	BALTIMORE CITY	_	TY OF DEATH	
and the	CITY OR TOWN			J.S.A.	OME, OR OTHER INSTITUTION		Baltimore		126 KIND OF E	MD.
0	Baltim	ore	5601	Donnell Donnell	St.	FORMO	ST OF WORKING LIFE)	THE OF WORK	OR INDUS	FUEL 01
	UAL RESIDENC STATE MD.	E (IF IN NURSING HOME		13c, CITY OR TOW BALT IMO	MISSION) VN 13d. INSIDE CITY LIM VRE YES X NO	13e. STREE	ADDRESS 601 0 DO	NNELL	ST.#21	224
20	FATHER'S NAM	LEON F	SEVISON	LAST	15. MOTHER'S A	MARY	B. HAR	RIS	LAST	
160	WAS DECEAS	ED EVER IN U.S. AI	RMED FORCES?	212-60-			ADDRS	3 TRAN	NSVERSE	AVE.
			anly one cause per lin						APPROXIMA	TE INTERVAL
	PART 1	EATH WAS CAUS	ED BY: PE	erforating	gunshot wound	of ches	st (rifle	)	BETWEEN ONS	ET AND DEATH
	GE.	5 3		R AS A CONSEQUEN	ICE OF					
	10	2 OL		THE PROPERTY OF	CL OI					
		ons, if any, which	h	N NO N CONSEGUE						
	gave cause (	rise to immediat a) stating the <u>under</u>	h le (b)	R AS A CONSEQUEN						
	gave cause ( lying co	rise to immediat a) stating the <u>under</u> ause last.	(c)	R AS A CONSEQUEN	ICE OF					
NO	gave cause (  lying co	rise to immediat a) stating the <u>under</u> ause last.	(c)	R AS A CONSEQUEN		N IN PART 1 (a),				
ATION	gave cause (  lying co	rise to immediat a) stating the <u>under</u> ause last.	(c) (b) (c) (c)	R AS A CONSEQUEN	ICE OF				20 AUTOPS	Y?
TIBICATION	gave cause (  lying co	rise to immediate a stating the under ause last.  SIGNIFICANT CONDITION OF OPERATION	(b) DUE TO, OF	R AS A CONSEQUEN  BUT NOT RELATED TO THE	ICE OF TERMINAL DISEASE DR CONDITION GIVEN				20 AUTOPS:	Y? NO <b>&amp;</b>
CEPTIEICATION	gave cause (  lying co	rise to immediate a stating the under ause last.  SIGNIFICANT (DNDITION OF OPERATION IAL CAUSE WAS	(b) DUE TO, OF (c) 19b. COND	R AS A CONSEQUEN  BUT NOT RELATED TO THE  IT ION FOR WHICH CO	TERMINAL DISEASE DR CONDITION GIVEN DPERATION WAS PERFORMED.  21c. HOW INJURY OCC	?	TURE OF INJURY IN TIEM:	18 PART 1 OR PAI	YES 🗆	
CALCEPTIEICATION	gave cause (  lying co	rise to immediate a state of the under a state of t	DUE TO, OH  (c)  19b. COND  21b. TIME O HOUR A.A.  2 P.A.	R AS A CONSEQUEN  BUT NOT RELATED TO THE  ITION FOR WHICH OF  OF INJURY  M. MONTH DAY  A. 2-27-19	TERMINAL DISEASE DR CONDITION GIVES  OPERATION WAS PERFORMED  YEAR  21c. HOW INJURY OCC  SELF-Infli	CURRED (ENTER NA)	TURE OF INJURY IIN ITEM	18 PART 1 OR PAI	YES 🗆	
AEDICAL CERTIFICATION	gove couse ( lying co  PART 2 DIHER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBUT 21d INJURY	rise to immediate a state of the under ause last.  SIGNIFICANT CONDITION  OF OPERATION  IAL CAUSE WAS  G S OR  ING CAUSE OF  OCCURRED	DUE TO, OF	R AS A CONSEQUEN  ITION FOR WHICH CO  OF INJURY  M. MONTH DAY  OF INJURY  A. 2-27- 19  OF INJURY  OF INJURY  (AT HOM	TERMINAL DISEASE DR CONDITION GIVEN  OPERATION WAS PERFORMED  (FEAR 21c. HOW INJURY OCC  SELF-infli  DE 211. LOCATION	PURRED (ENTER NA)			YES C	№ 🖾
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MEDICAL CENTIFICATION	gove couse (	FOPERATION  IAL CAUSE WAS  G OR  ING CAUSE OF  OCCURRED  NOT WHILE  AT WORK	DUE TO, OH  (c)  19b. COND  21b. TIME O HOUR A.A.  21e PLACE STREET, FACE	R AS A CONSEQUEN  ITION FOR WHICH CO  OF INJURY  M. MONTH DAY  OF INJURY  A. 2-27- 19  OF INJURY  OF INJURY  (AT HOM	TERMINAL DISEASE DR CONDITION GIVEN  DEPERATION WAS PERFORMED  TERMINAL DISEASE DR CONDITION GIVEN  TO SO SELF-INFLI  THE STATE OF DONN  THE STATE OF THE STATE O	PURRED (ENTER NA)	Balto.		YES UNITY	№ 🖾
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MEDICALCESTED	gave cause (	FOPERATION  ALCAUSE WAS  G SOR OCCURRED  NOT WHILE  AT WORK	DUE TO, OF CONTRIBUTING TO DEATH  19b. COND  21b. TIME O HOUR A./ 2 P.A  21e PLACE STREET, FA	R AS A CONSEQUEN  BUT NOT RELATED TO THE  ITION FOR WHICH OF  OF INJURY  A. 2-27- 19  OF INJURY (AT HOM  COPER, FARM, ETC.)  TOME	TERMINAL DISEASE DR CONDITION GIVEN  DPERATION WAS PERFORMED  21c. HOW INJURY OCC  SO Self-infli  E. 211. LOCATION  5601 0 DONN  Autopsy , Inserting Manicide TITLE (SPECIE	cted.  cted.  pertion K, Undeterr	Balto.	cou ond in my op ],	YES D	NO ₩
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123 123 23a	gove couse ( lying couse ( lyi	FOPERATION  IAL CAUSE WAS  G OR  INCOLURRED  NOT WHILE  AT WORK  IN HEAD OF CAUSE OF OCCURRED  NOT WHILE  AT WORK  IT WORK  AT WORK  S NAME  A DI	DUE TO, OF CONTRIBUTING TO DEATH  19b. COND  21b. TIME O HOUR A./ 2 P.A  21e PLACE STREET, FA	R AS A CONSEQUEN  BUT NOT RELATED TO THE  ITION FOR WHICH OF  ITION FOR WHICH OF  M. 2-27- 19  OF INJURY  AND THE CONTROL OF  OF INJURY  AT HOM  CORP. FARM, ETC.)  CORP. FARM, ETC.)  CORP. FARM, ETC.)  Accident,	TERMINAL DISEASE DR CONDITION GIVEN  DERATION WAS PERFORMED:  (CAR 21c. HOW INJURY OCC  SOURCE SELF-Infli  E. 211. LOCATION  5601 DONN  Autopsy Homicide  THE (SPECIAL M.D. ASSIST	cted.	Inquiry , mined manner	cou ond in my op ],	YES D	NO ₩
2	gove couse ( Jying couse ( Jyi	FOPERATION  IAL CAUSE WAS  G OR  INCOLURRED  NOT WHILE  AT WORK  IN HEAD OF CAUSE OF OCCURRED  NOT WHILE  AT WORK  IT WORK  AT WORK  S NAME  A DI	DUE TO, OF CONTRIBUTING TO DEATH    19b. COND   21b. TIME OF COND   21c. TIME OF COND	R AS A CONSEQUEN  BUT NOT RELATED TO THE  ITION FOR WHICH C  OF INJURY M. MONTH DAY M. 2-27- 19  OF INJURY (AT HOM CTORY, FARM, ETC.)  CACCIDENT  ACCIDENT  ACCIDENT	TERMINAL DISEASE DR CONDITION GIVEN  DETAIL OF THE CONDITION OF THE CONDIT	cted.  cted.  cted.  uell St.  undetern  FY)  Sant MEDIC.  Penn St.	Inquiry	cou ond in my op ],	YES UNITY	NO ₩

TONOL YOUR a shall be a second of the second In the residence and the second ACCIDENTE AND PORT SAME OF DESIGNATION OF THE PROPERTY OF THE ADS(VIE ) - SUVA Simon in them -30 TULLISVELLERIES. ------- Ziz-co-wild invest. Sivisin: Sivis, 1 2220, 30 Land to the state of the state en de de de la force de la for

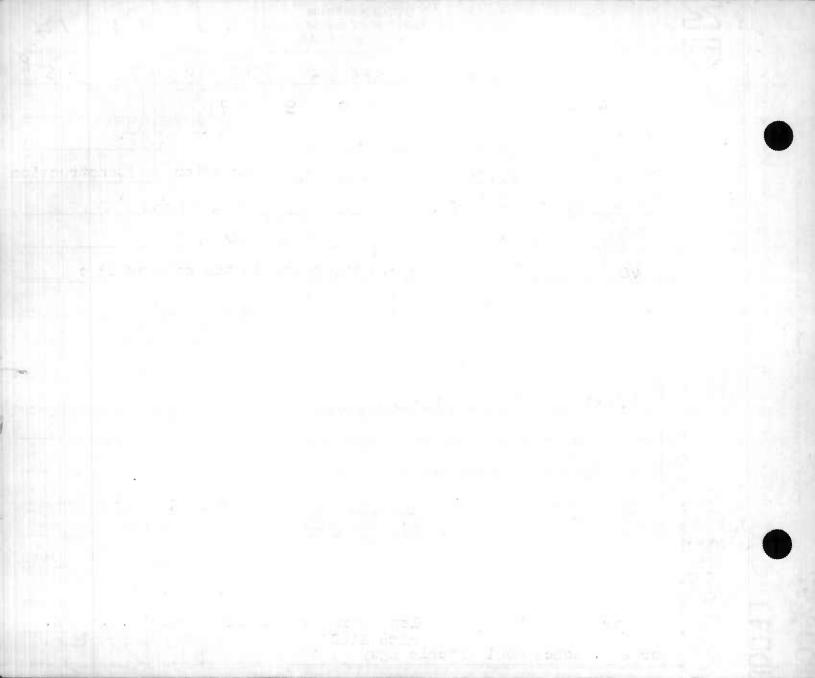
31	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	REG, NO.
ed the	T. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) Marie Sewell	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR  2 3 1980 M
Poge 4 mg	Female Black 1 6 1902	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
de orth. Po	Baltimore, Md. U.S.A. WIDOWEXX DIVORCED	Baltimore City  MD.
offer of the f	Baltimore Baltimore City Hospital	126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  126. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be 1		537 Main St.
		MIDDLE Bundy
BALTIMORE, cate be executed by system on a complex. Pages 1 you.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Mildred Jor	nes 150 Chestnut St.
W. PRESTON ST., BALT of the deoth certificate by the attending physicia se remove carbon popers cremation, or removol. wher traumatic event, the	18 CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS CONSEQUENCE (b)  Gave rise to immediate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es the plear urial,	Couse (a), stoting the underlying cause last DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART 1(0)
VITAL RECOR	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING   216. HOW INJURY OCCURRED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED WEED YES NO YES NO NO
SICIA ng pl certif certif ientol	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	D (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	ATWORK ATWORK	CITY OR TOWN COUNTY STATE
ATTEN Septial SCTOR: of for us	obove, (1) (we) (did) (did not) view(the(bapy after death.	oth occurred on the case and haur and from the causes stated
RAL Doy the RAL D	276 PHYSICIAN'S NAME (TYPE OR PRINT)  DEGREE  ATTENDING PHYSICIAN  276 ADDRESS  278	MEDICAL STAFF D. P. A STAFF
TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State IMPORTANT:	3/27 DUN	DALK AVE
1213 BP	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY & SPECIFY BURIAL 2/7/80 Arbutus Ment. Park	Arbutus, Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	Wm. C. March F/H Inc. 1101 E. North Ave.	BY 1980

0	1	Jelli 4 8740 E/EO			OF MARYLAND		
6	1-	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HY	GIENE 👸 🕡	04175
	1. DE	CEASED NAME FIRST	MIDDLE	LA	ST		INTH DAY YEAR 25 HOUR
	(TYPE	OR PRINT) MEL	VIN H.	St	HAMER	0.	
	3. SE	MALE	4 RACE Whit	5. DATE O	BIRTH  DAY  - 22 - 08	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
Pag Pag	7a B1	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8		9 BALTIMORE CITY OR	COUNTY OF DEATH
death.	S	M.J.	U.S.	MARRIED		CIT	
s after of the fulled with		SALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SOUTH BAL	STREET ADDRESS)	ENL. HO3P.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
(ND 215) 124 hav filled in ould be	USU, 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	NTY 13c CITY OR		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	521 CLARKSON ST.
rethin tely 2 sh	14. FA	THER'S NAME	MIDDLE LAS	H 367	15 MOTHER'S MAIDEN NA		
omple ond	_	rollinkowi	- 3 H	IAMER	PEARL	WIDDLE	GILL
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill vol. ty the medical examiner must be not.	1 16a. V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI COKKIE YES W		0-7609	MEHM T. TH		BALTO. GENL. HOSP. HANOVER ST. MJ21230.
ST., g ph anp		18 CAUSE OF DEATH (Enter or PART ), DEATH WAS CAUSE IMMEDIA		b), and ich	Shock	Shock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death c death c attendir ave carl stian, ar		Conditions, if any, which	DUE TO, OR AS A CON-	A PINCOF	ardial In	farction.	Perforated
201 W. PRESTON es that the death a hed by the attendin please remove corb orial, cremation, or		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCEOF		1 du	oderal neca
	NO	PART 2 OTHER SIGNIFICANT O	CHF, COPA	G TO DEATH BUT I	NOT RELATED TO THE TERM	minal disease or condit	ION GIVEN IN PART 1(0)
RECOI	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W				Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
TAL The cian be had sit p gien		02-04.1980	ACUTE 21b. TIME OF INJURY	ABDOME		YES NO	YES NO
N OF VITA  SICIAN: T ng physicir certificate ririol-transi ental Hygi ltem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physician. After this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to b orked ar them 18 shows any injury	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TIENDIN ortal or TOR: Af for use a of Health		22a.1 certify that (this haspi	ot) ottended the deceased for the decease for the deceased for the deceased for the decease for the deceased for the decease for the deceased for the decease for the decea	19 <b>80</b> , one	1980 1 that in my (our) apinion	, to 02 - deoth occurred on the dote	ond hour and from the couses stated
- hosp ched sept.		226. SIGNATURE	1		EGREE	21.94	22c. DATE SIGNED
RAL Deto		Melin He		/	1.) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 02.04.80
TO HOSPITAL retained by the TO FUNERALL should be detained with the State Improprietations.		22d. PHYSICIAN'S NAME (TYPE O	THAUNG			H BALTO. GEI OVER ST. 8A	NL. HOSP- LTO. MD. 21230.
22-2	230. E	BURIAL, CREMATION, REMOVAL SPECIFY)			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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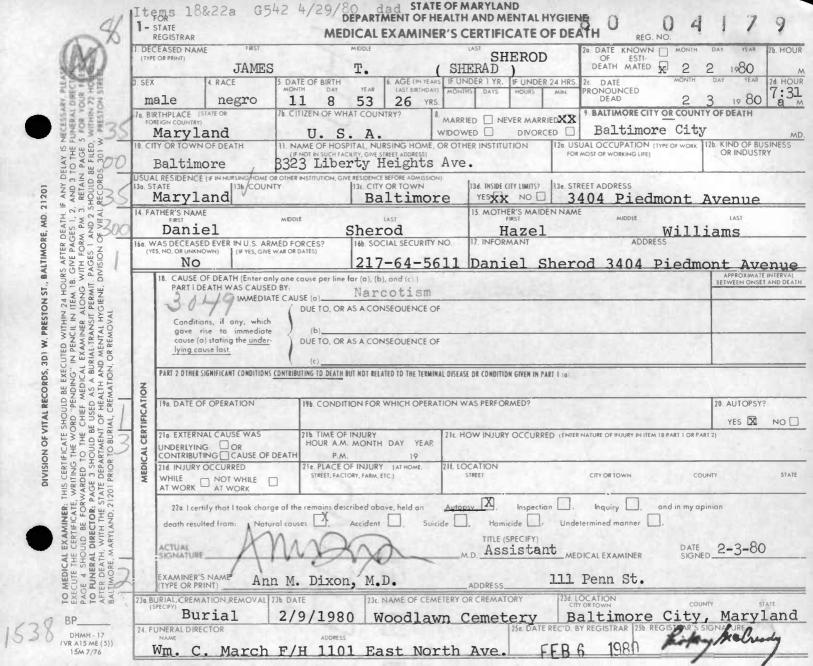
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K	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENES O O 4	176
e de	DECEASED NAME FIRST MIDE (TYPE OR PRINT) Edward E.	Sharratt	20 DATE OF DEATH MONTH DAY	80 456 M
oge 4 mo rector, pr	SEX Male 1 RACE Car	12/25/29	50 YRS MONTHS	DAYS HOURS MIN
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201 Us ofter tiled will	Baltimore (ity University	SPITAL, NURSING HOME OR OTHER INSTITUTION ICHITY, GIVE STREET ADDRESS) ITY HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN[	Vestinghouse
LAND 21:		TE RESIDENCE BEFORE ADMISSION)  13d INSIDE CITY LIMITS?  THATETHORPE  15 MOTHER'S MAIDEN NA	5/31 Variand Rd.	
complete on 2 :	Williamb. Sharratt	Gladys Eve		LAST
be execution and control of the medical contr	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17. INFORMANT  156-20-7345 Robert Sharr		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., BAL equires that the death certificate n signed by the attending physici Then please remove carbon paper to burial, cremation, or removal. injury, or other traumatic event, th	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CON	s a consequence of shock  s a consequence of a corony a a consequence of a corony a a consequence of a corony a a corony	tery bypass graft	5 min 18 days
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4306 вр	(36. BURIAL, CREMATION, REMOVAL 236. DATE    Seciety   2/23/8		23d. LOCATION CITY OR TOWN  DOMEY HOWARD  EREC'D. BY REGISTRAR	Maryland
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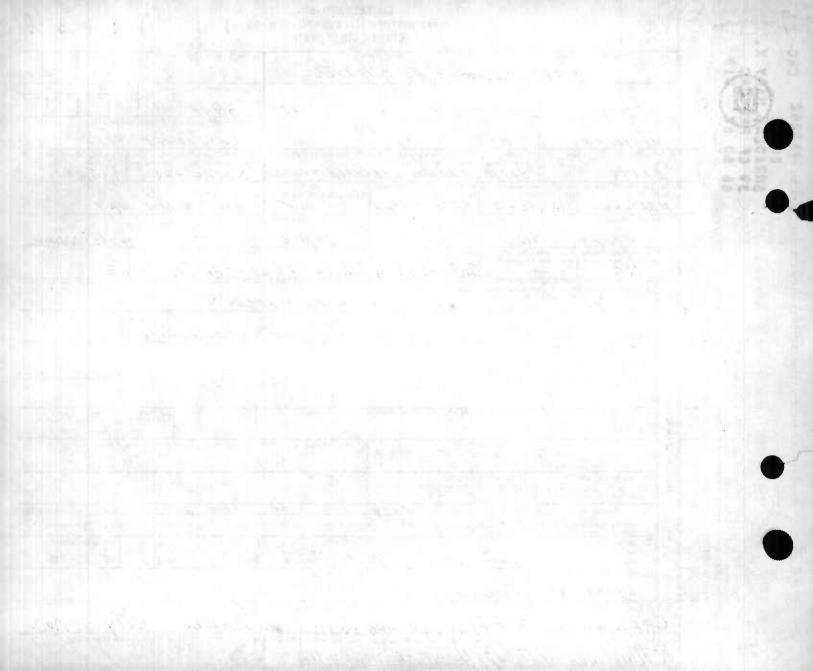
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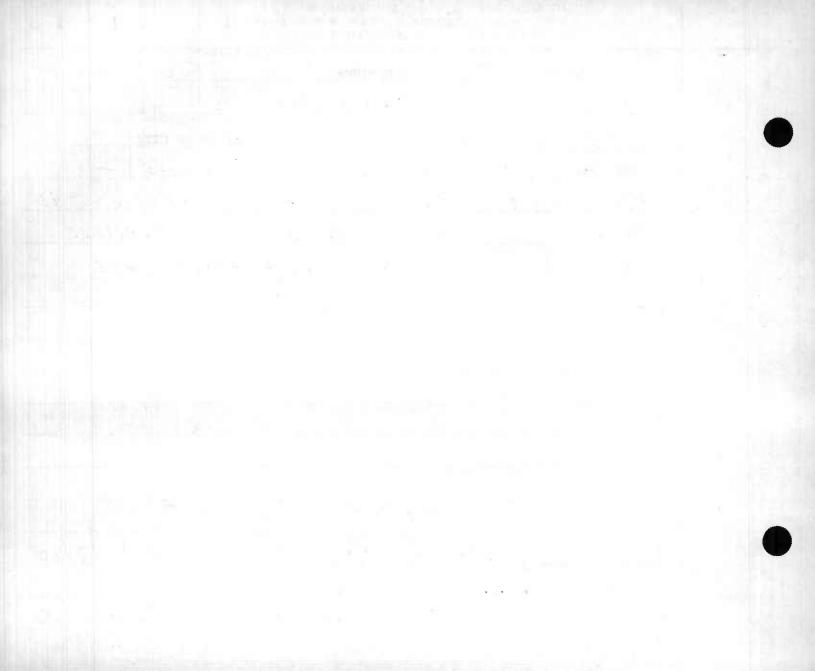
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	1,0	sow the deceased alive an	at) view the body ofter death.	, and that in (my) (our) apinian	death occurred on the do	te and hour and from the causes state
Ite		III SIGNATURE	ar) view the body offer death.	DEGREE		22c. DATE SIGNED
		Chan Tora		ATTENDING	MEDICAL STAF	F - 1 3/10/0
		22 CHYSICIAN'S NAME ITUES	adu, MD	PHYSICIAN	DIRECTOR PHYSIC	IAN [2/19/0
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	23a E	SURIAL, CREMATION, REMOVAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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	24. FU	JNERAL DIRECTOR		Balto Md. 258. DA	TE REC'D. BY REGISTRAR	Sh. REGISTRAR'S SASNATORE
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		FOR	250 - 200	STATE OF MARYLAND	44 44	0 1 1 0 0
	1	- STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO	04182
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(SHE)	3 SI		RACE	5. DATE OF BIRTH	& AGE   IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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te de		OUNTRY)	LOUNTRY?	MARRIED ANEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
4 5		SUARYLAND TITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED DIVORCED DIVORCED	BACTIM	1112
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id will 2 s.m.	14. F	ATHER'S NAME FIRST M	IDDLE LAST #	15 MOTHER'S MAIDEN NA		
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the by or		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
requires i signed en pleas to burial / injury,	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
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- 6 6 0	T HE				YES NO	YES NO
reding physiciar fret this certific he burial-transit and Mental Hy arked or Item 1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	· CITY OR TOWN	COUNTY STATE
	^	AT WORK AT WORK				
ATTENDI tal or atte CTOR: A or use as t of Health n 21 is ma			al) attended the deceased from	2 -1	to Feb. 2	19 <u>FO</u> , that (I) (we) last
AT pital pital for of em		saw the deceased phive an abave, (I) (we) (did) (did nat	view the bady after death.	, and that in (my) (our) opinion	death accurred on the dat	e and haur and from the causes stated
Ched Dept	1	22b. SIGNATURE	6	DEGREE		224. DATE SIGNED
TAL AAL RAL letac ate c		Lydia M.	Jumamory	men. ATTENDING PHYSICIAN [	MEDICAL STAFF	
HOSPIT ined by FUNER, Jid be de ot the Sta		224. PHYSICIAN'S NAME (TYPE OR	PROPERTY.	22e ADDRESS		
TO HOSPITAL OR AT retained by the hospital TO FUNERAL DIRECT Should be detached for with the State Dept. of IMPORTANT: If I tem 2		LYDIK M.	JUMAMOY	BCRP-	NCI	
F 5 F 48 3	23a.	BURIAL, CREMATION, REMOVAL	<del></del>	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COMMY STATE
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DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	250. DA	TEREC'D, BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE Cready
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3	FOR  STATE  REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		0418	3
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR 76 H	OUD
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Page 4 may	3 SEX F 4 RA	UHITE .	JAN. 7 1890	4 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR	DER 24 HRS
funeral di	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED O	BALTIMORE CITY OR CO		MD.
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maryla mpletely and 2 sh	14 FATHER'S NAME  MIDDLE	TEWNSHEND	15 MOTHER'S MAIDEN NAM	WE	SUMMERS	
be execut on and co	160 WAS DECEASED EVER IN U.S. ARMED I (YES, NO OR UNKNOWN) (IF YES, GIVE WAR O		YNO 17 INFORMANT/ 7584 MKS. TAWICE	ADDRESS	SAME	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL.  NG PHYSICIAN. The low requires that the death certificate oftending physician.  Ifter this certificate has been signed by the attending physician as the burial-transit permit. Then please remove carbanapper th and Mental Hygiene prior to burial, cremation, or removal arked or Item 18 shows any injury, or ather traumatic event, the	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT	CE OF	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS U	SED FATH?
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0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22b. SIGNATURE	Dund	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/8 DATE SIGNI	80
TO HOSPITAL TO FUNERAL I should be deto with the Store E IMPORTANT: #	224. PHYSICIAN'S NAME (TYPE OR PRINT SUSAN DUMSHA,		22. ADDRESS UNION MEMO	RIAL HOSPITAL	,	
0 g 5 g 3 g	23a BURIAL CREMATION REMOVAL 23b		ME OF CEMETERY OR CREMATORY	123d LOCATION		
/(/) /BP	BURIAL 2	1-11-80 DRG	ID RIDGE CEM	CITY OR TOWN	BALTO CO.	MD
DHMH-16 20M	24. FUNERAL DIRECTOR	ADDARSS		REC'D. BY REGISTRAR 256. R		eady



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-JOHN J SIKORSKI Sr 80 DEATH MATED 19 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 80 white male 6 15 32 47 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) (DOA) Baltimore Baltimore City Hosp. Machanic Afco Steel Co USUAL RESIDENCE (IF IN HUMBERS OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 6737 Roberts Avenue Maryland Baltimore YESE T NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1 AND DEVIL MIDDLE MIDDLE Michalewski Walter Sikorski Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 216 28 0784 Mrs. John J Sikorski Sr 6737 Roberts Avenu 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM FTC.1 STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion DIRECT death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL GE 4 SHOU FUNERAL D TER DEATH, Assistant DATE 2-3-80 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 2/6/80 Burial Sacred Heart Of Mary Baltimore Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE #15 31 **DHMH-17** VR A15 ME (5)) intay bealing 1005 Dundalk Avenue Walter Dabrowski 15M 7/76

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1-	STATE REGISTRAR			LEXAMINI				AFL U	REG. NO.	4 1 8
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3. SE.	4. RACE	S. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEAR			UNDER 24 HR	S. 2c. DATE PRONOUNCE		ONTH DAY YEAR
	le Blac		3 23	56 YR	Morning	DATS	SORS MIN	DEAD		2 10 19 80
7a. B	RTHPLACE (STATE OR PREIGN COUNTRY)	7b. CITIZEN	OF WHAT CO	UNTRY?			MARRIED _		_	OUNTY OF DEATH
ID C	Texas			A . NURSING HOME,	WIDOWE		NORCED L	ISUAL OCCUPATI		e City,
	Baltimore	Sin	SUCH FACILITY, GIV	oital		( INSTITUTIO	FC	OR MOST OF WORKING	LIFE)	OR INDUSTR
13a. S	AL RESIDENCE (IF IN NURSING TATE 13b. aryland	G HOME OR OTHER INSTITU COUNTY	13c. C	nce Before ADMISSIO ITY OR TOWN altimor	1	3d. INSIDE CITY L	IMITS?   13e. S	TREET ADDRESS	taw P	lace
14. F	ATHER'S NAME	MIDDLE		LAST		5. MOTHER'S	MAIDEN NA	ME MIDDLE		LAST
	William	0.		mons			acie			Clemons
16a. \		U.S. ARMED FORCES YES, GIVE WAR OR DATES)		OCIAL SECURITY		7. INFORMAI			DDRESS	
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	18 CAUSE OF DEATH (ER	inter only ane cause CAUSED BY:				do sou a ca Tu				APPROXIMATE BETWEEN ONSET
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	lying cause last.	DUE	O, OR AS A C	ONSEQUENCE C	·r					3
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	210 EXTERNAL CAUSE W	HOL	JR XXII. MON	TH DAY YEAR				ER NATURE OF INJURY		1 OR PART 2)
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MED	21d. INJURY OCCURRED WHILE NOT WHI		EET, FACTORY, FARA	M, ETC.)	STE	FFT	n 1 -	CITY OR TOWN		COUNTY
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	22a. I certify that I taal	ik charge of the remo	ains described o	bove, held an	Autopsy		spection	, Inquiry	, ond in	my apinion
P	death resulted from:	Natural causes	, Accide	nt 🔀 , Suid	cide	Hamicide	Unc	determined manne	er 🔲,	
	ACTUAL /	y	All	013		Assis	tant		г	DATE 2/11/8
1		CIMIL	2000		M.D	. 213313	M	EDICAL EXAMINE	ER S	SIGNED 2/11/
	SIGNATURE VILLE	1								
	EXAMINER'S NAME V					DDRESS			l Penn	Street
23o. E	EXAMINER'S NAME V (TYPE OR PRINT)  URIAL, CREMATION, REMO	OVAL 236 DATE	23	R. NAME OF CEM	ETERY OR	CREMATORY	C	LOCATION		COUNTY ST
	EXAMINER'S NAME V		23		ETERY OR	CREMATORY emete	ry	LOCATION ITY OR TOWN Baltim	ore,	

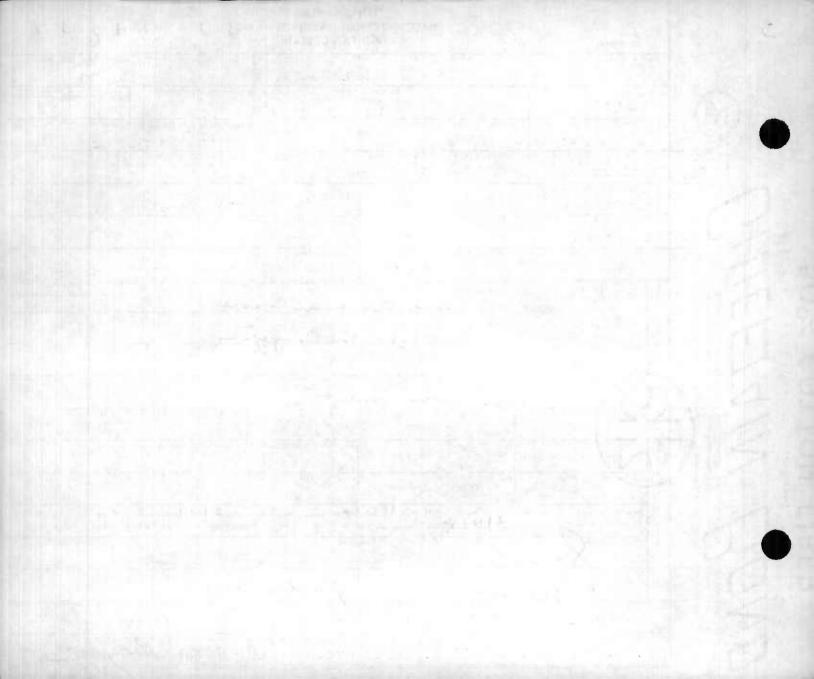
THE RESERVE OF THE PROPERTY OF

11/	1		STATE OF MARYLAND	
1,3	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 4	1 1 8 /
	1 DE	REGISTRAR CEASED NAME FIRST	REG. NO.  MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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À ( )	3 SE	Marga	A RACE (ALL CASTA IN S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 24 HRS
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2 2 Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	B CITIZEN OF WHAT COUNTRY?	FDEATH
death.		MO.	U.SA WIDOWED DIVORCED	MD.
on softer of sof	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be filled examiner must be pre	130	STATE 131 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 130 BANK	K ST.
ertely 2 shi	14. F	ATHER'S NAME	15 MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
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MORE,	160 \	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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rificate by physician physician popers may out, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c)	BETWEEN ONSET AND DEATH
ST., B., griffica an pop emavo event,			CAUSE (0) CG odiac Arrest	
W. PRESTON ST of the death cert by the attending f se remove carbon cremation, arren		410-	DUE TO, OR AS A CONSEQUENCE OF	
dep dep ove stion		Conditions, if any, which gave rise to immediate	( 16) Myocardial Infaction.	
W. PR		couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
the de le or		underlying couse last	(c)	
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
been been prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, W	VERE FINDINGS USED
REC.	FIC	THE DATE OF OFERMION	IN CERTIFYIN	NG CAUSES OF DEATH?
VITAL RI	ERT	210. ACCIDENT WAS UNDERLYING	YES NOW YES YES 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	
N OF VITA  SICIAN: The right properties of the resident of the right pair in the rig		OR CONTRIBUTING CAUSE OF DEAT		
HYSIC nding his cert buriol wanter or ter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.M. 19 210 PLACE OF INJURY 211 LOCATION	
- 1 F F F	A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) (this haspite	al) attended the deceased from 9/1/9 19 FC, to 2/26, 19	C, that (I) (we) lost
ATTEND sspital a spital a crook: J of Hear use in a fler u		sow the deceased alive on above (1) (we) (did) (did not	19 . ond that in (my) (our) opinion death accurred on the date and hour or	nd from the couses stated
R h		THE SIGN TURE	View the bady differ death.  DEGREE	22c. DATE SIGNED
- + E - + D - D		*Kichnan	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/26/80
HOSPITAL ned by th FUNERAL uld be detailed by the State ORTANT:	1	224 PHYSICIAN'S NAME (TYPE OR		
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stort		RICHMAN	Balt. City N	OPP.
10 P	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	DUNTY STATE
1523BP		BURIAL	314 80 GARNENS OF FAITH BALTO.	mo.
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR		R'S SIGNATURE
(VR A 15 (4))		CONNELLY	F.H. 300 MACE AVE. 250. DAYEREGISTRAN 256. REGISTRAN 1980 him	ry/recrea

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	3. SE	Male	4. RACE Neg		5. DATE O		6. AGE (IN YEARS LAST BIR	YRS.	S DAYS H	FUNDER 24 HRS
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by the filed	Ba	Itimore	3304	Woodlan	address)	enue	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		L KIND OF B	BUSINESS OR
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n and co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	216-12-		17 INFORMANT A Cornelia	ADDRE a Simpson		oodla	nd Ave
quires that the death signed by the attendent please remove ca abunal, cremation, jury, ar ather trauma	Z	Conditions, if any, which gave rise to immediate cause ia, stating the underlying cause last PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	OR AS A CONSEQUE DR AS A CONSEQUE	NCE OF	Coudis my	MINAL DISEASE OR CON	DITION GIVEN IN	PART I(a)	
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ENDING tal ar att OR: After r use as th Health or I is marke		WHILE NOT WHILE 220.1 certify that (1) (this has saw the deceased alive of	2 11	2/20 10	1/31	d that in (my) (our) opinion		nte and hour and		it (I) (we) lost
AL OR ATT the haspi AL DIRECT detached for site Dept, al		abave, (1) (we did (did i	view the bad	y after death		DEGREE  ATTENDING PHYSICIAN I	MEDICAL STAI	FF 2	22c. DATE SIC	
TO HOSPITAL (retained by the TO FUNERAL [should be detoin with the State [IMPORTANT; if		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) RAKAT			Providen	W. Market			
ρ	23a. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial				emetery or crematory emorial Par	k Randal	lstown,		
DHMH - 16 50M 1/76		UNERAL DIRECTOR NAMEC March	E H /1.	101 ADDRESS N	orth	25a. DA	TE REC'D. BY REGISTRAR	25b. RECESTRAR'S	SIGNATUR	

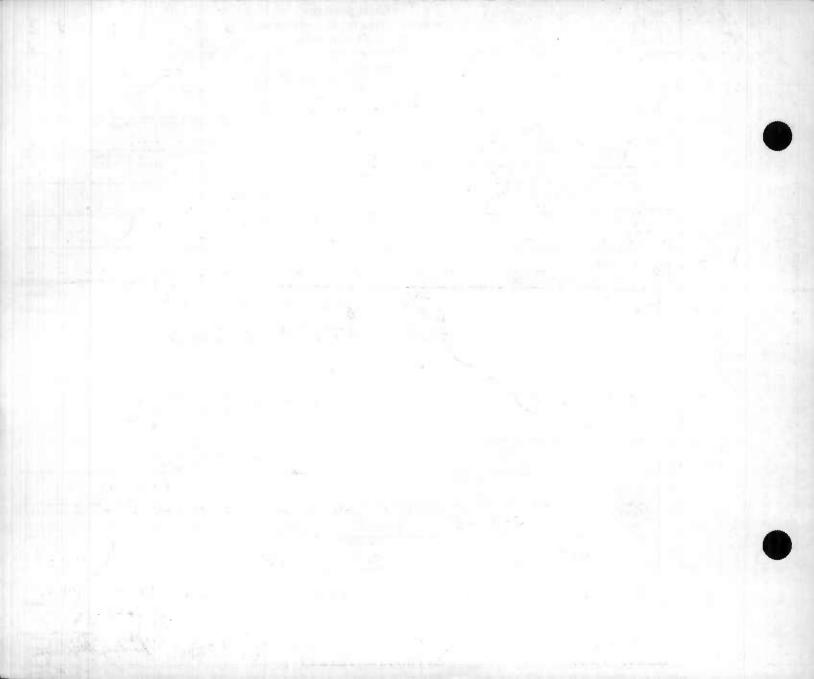


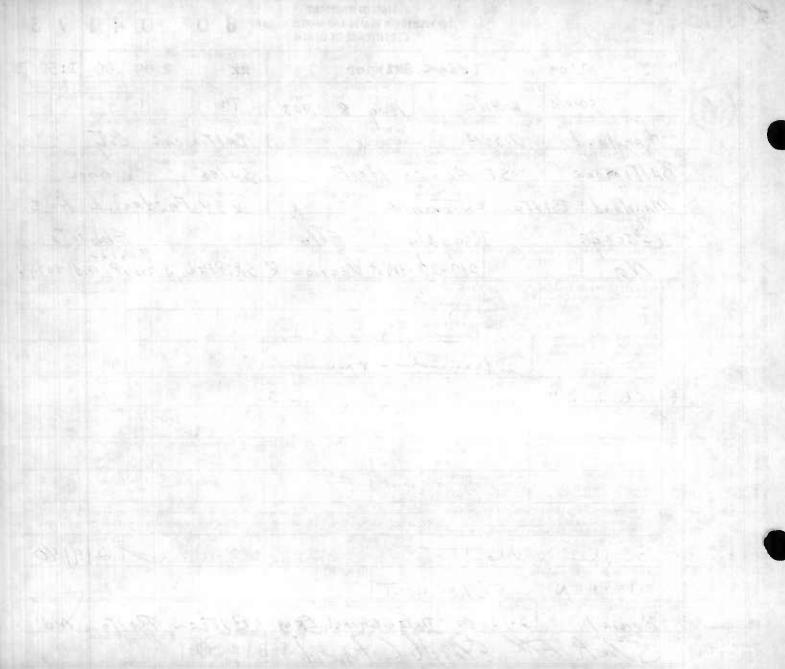
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00 de de la companya	2	Wtimore City  ALRESIDENCE (IF NURSING HIMEORY)	MF.W	AShingto	ADDRESS)	iatric Hosp.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		IND KIND OF	BUSINESS OR
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be execution and contains for the medical			WAR OR DATES)	166. SOCIAL SEEU	RIIY NO.	Brian Riley			, Md.	21666
ST., BAL entificate ig physici son pope remaval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y ane cause per DBY: E CAUSE (o)	line for (o), (b), one		IRATION			BETWEEN ON	SET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death certificate be executed within other this certificate has been signed by the otherding physician and completely lifter this certificate has been signed by the otherding physician and completely lift on the buriol-transit permit. Then please remove carbonopopers, Pages 1 and 2 stript and Mental Hygiene prior to buriol, cremotion, or removal.		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)_	R AS A CONSEQUE	RAN	ENCEPH	ALY		Conse	ENITA
DS, 301 W quires that signed by hen please hen please iury, or ath	z	underlying couse last.  PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)	
At RECOR he law recon. has been to permit. It permit. I come prior to the permit of th	TIFICATION	196. DATE OF OPERATION	1% CONDI		OPERATION	N WAS PERFORMED	20a. AUTOPSY?  YES NO	20b. IF YES, WIN CERTIFYIN	VERE FINDING	SS USED F DEATH?
SICIAN: Tong physic certificate original-trons entel Hyg	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART	1 OR PART 2)	
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PITAL OR by the h ERAL DIR e detache Stote Dep		22d. PHYSICIAN'S NAME (TYPE OR	Ser	Man,	M.	* ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC	F IAN 🗌	22¢ DATE SI	7/80
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DUAN 14 404 3 472	C	SPECIFY)  NEMOTION  JNERAL DIRECTOR	236 DATE 2-12-			Park Cemetery	10000	Balto	No. of Contract	, Mid.
DHMH-16 60M 1/73 (VR A 15 (4))		elfenbein-Hubba	rd Fune	eral Home	, Ch	rester, Md.	REGO. NO STRAR	SCHOOL S	NO STATUTE	y

STATE OF MARYLAND

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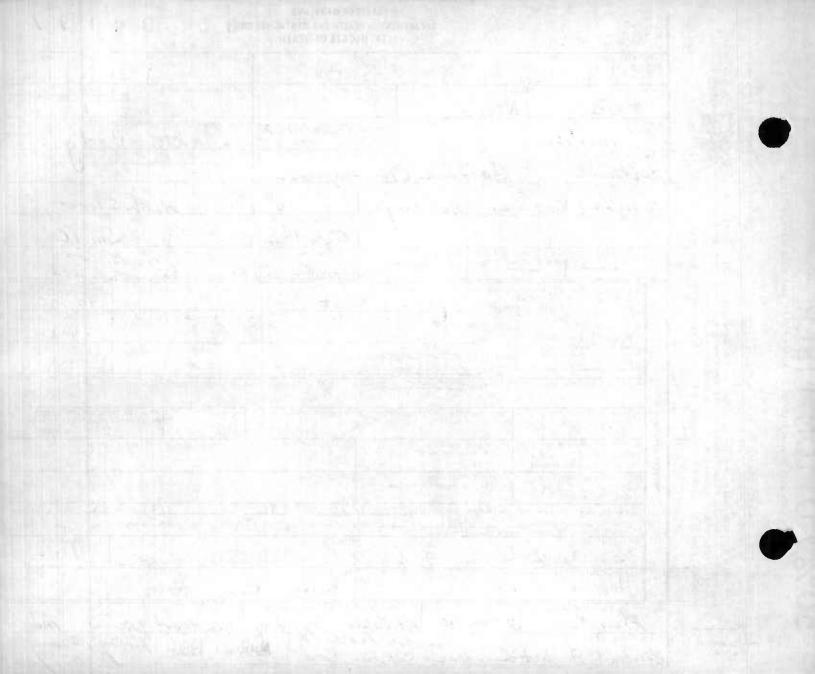
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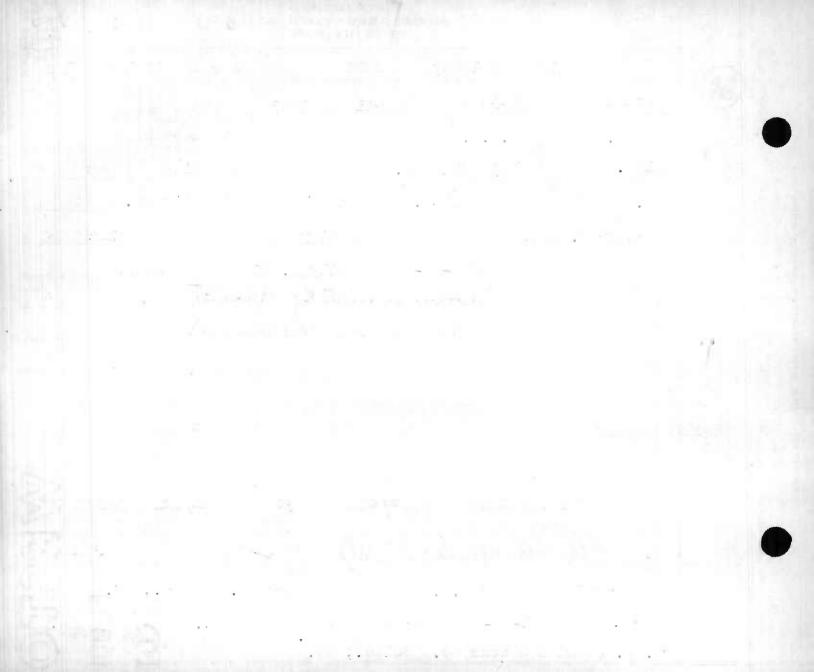
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	ted with	10 €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C INDUSTRY	OF BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires n signed Then pli to burs	z	PART 2. OTHER SIGNIFICANT	conditions <u>cc</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
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L REC	w see see	FIC						YES NOW	IN CERTIFYII	NG CAUSES	OF DEATH?
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5	or offer these os the morked		22a I certify that (I) (this hosp	ital) attended the	e deceased from_	12 28	3-79	Febru	ary 16	80	that (we) lost
	OR ATTEN the hospital DIRECTOR, oched for up Dept. of Hem 21 is		the deceased alive or	Februa view the body	ry 16 19	800	nd that in (Xy) (our) opinion	death occurred on the d	lote and hour a	and from the	couses stoted
	hospine A post		2) NATURE	1 1	guer deoffi.		DEGREE			22c. DALE	SIGNED
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di	DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR	7200	ADDRESS		25a. DAT	REC'D. BY REGISTRAR		SZ DE WAL	URE_
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 2a. DATE KNOWN DAY 2b. HOUR TYPE OR PRINTS ESTI-19 DEATH MATED BEATRICE SMITT 3. SEX 4. RACE 24 (1) OUR 5 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 22 74 YRS PRONOUNCED fema le 19 80 aM black 10 05 DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 3215 Tate Street OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 2120 3215 Tate Street MD Baltimore NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST AND OF VIT Louis Vanlandingham Alice Vincent 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS PERMIT. PAGES 1 (YES NO, OR UNKNOWN) Hortense Smith 3215 Tate Street CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF O BURIAL, YES NO X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COLL PRIOR TO BURIA 96 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (AT HOME, III. LOCATION STREET STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FOR:
TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) DATE Assistant 2-19=80 SIGNATURE SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 2/23/80 Mt. Calvary Cem. Baltimore MD Co. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. POSISTRAR'S SIGNATURE **DHMH-17** Wm. C. March F.H./1101 E. North Ave. (VR A15 ME (5)) 15M 7/77

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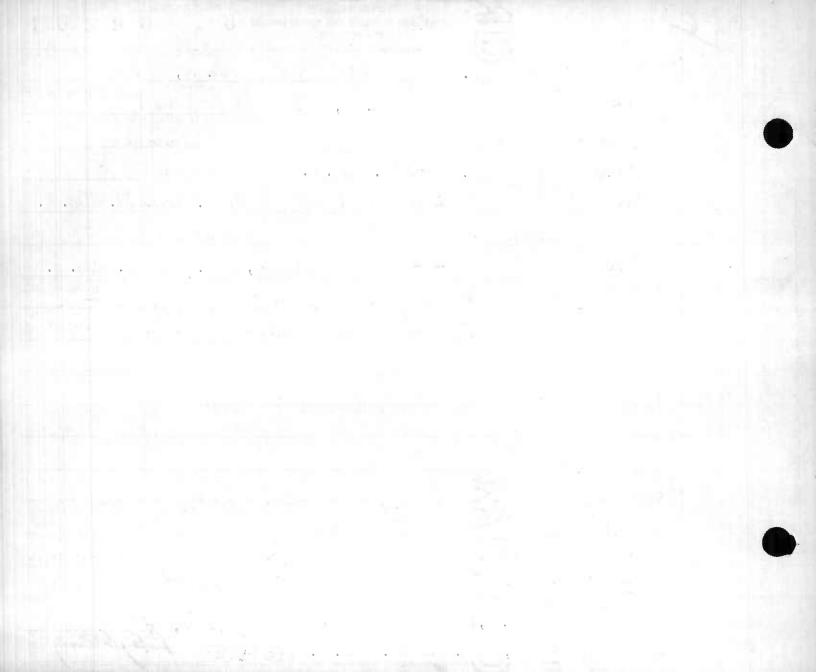


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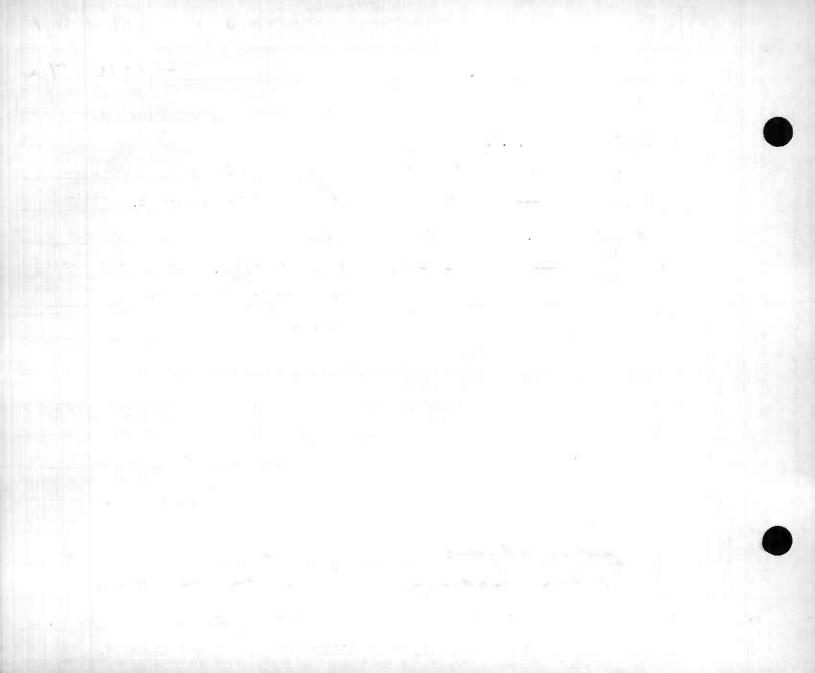
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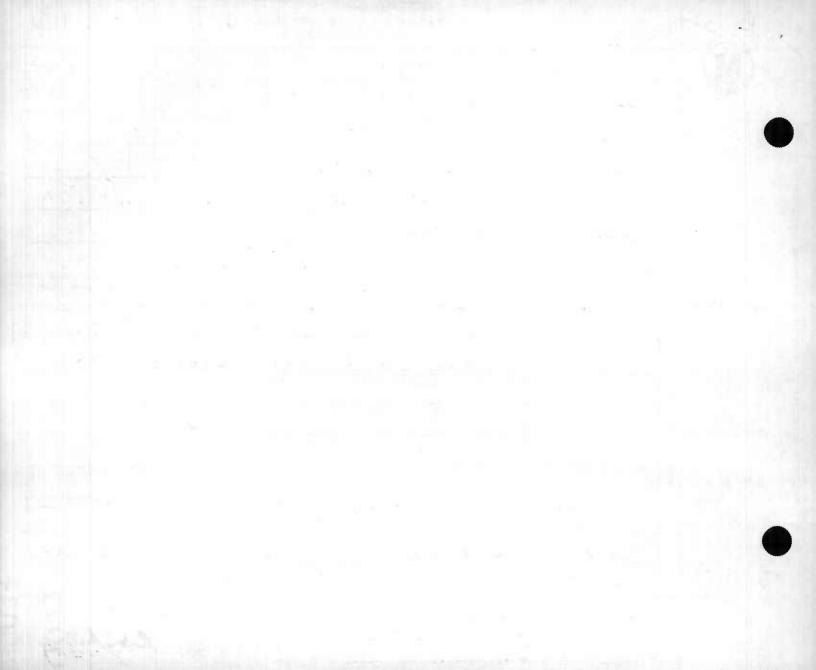


DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2ª DATE OF DEATH MONTH 76 HOUR TYPE OR PRINTS 02 Virginia L. Smith 3. SEX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY! IF UNDER I YEAR White Sept 16 1912 67 Female 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. Georgia WIDOWEDIX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Home 126 KIND OF BUSINESS OR Balto. Union Memorial Hospital Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RE-ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Balto. 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Lareway YES THE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Stapleton Louise Marv Loyd E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Sara Evans (dghtr) 941 Horners Lane 252-32-1934 no 18 CAUSE OF DEATH Enter only one couse per line for oi, b, and is PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stating underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 11em 18 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 21f LOCATION ŏ 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE I WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated we) (did) (did not) view the be 226. SIGNAT DEGREE 221. DATE SIGNED ATTENDING MEDICAL should be det with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PATSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Union Memorial Hospital 230. BURIAL, CREMATION, REMOVAL Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. CITY O'Balto. COUNTY Crestlawn 3331 Brehms Lane 25a. DATE REC'D. BY REGISTRAR 25b. REA " SCH-PHIGHER Funeral DHMH - 16 60M 1/75 Balto. Md. 21213 (VRA 15 (4)) Home, Inc.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME KNOWN MONTH (TYPE OR PRINT) ESTI-Walter L Smith DEATH MATED 22 19 80 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS DATE PRONOUNCED male black 12 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED OREIGN COUNTRY) Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Maryland General Hospital Baltimore BITTAL SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS OOD NOW RC 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 16b. SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) 17.01-3853. A AlBERTA Smith 5603 GROVELAND 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES TXX NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Notural couses Accident Suicide Hamicide Undetermined manner death resulted from: TITLE (SPECIFY) 2/22/80 ACTUAL DATE Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2201 TYPE OR PRINT) 23d. NAME OF CEMETERY OR CREMATORY PK 130 LOCATION MD 200411 17 was face & Hayesers (35h g. Iron sd **DHMH** - 17 (VR A15 ME / 51) 15M 7/76

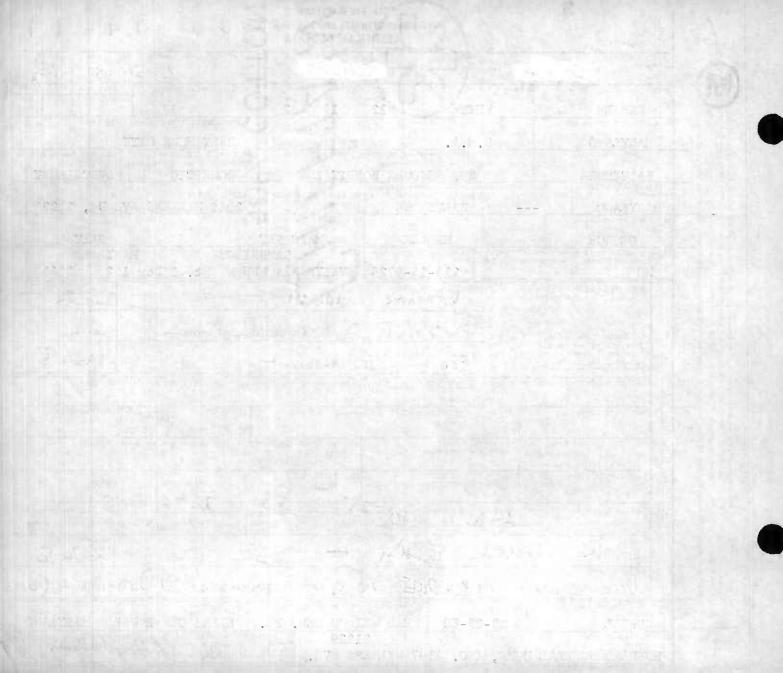
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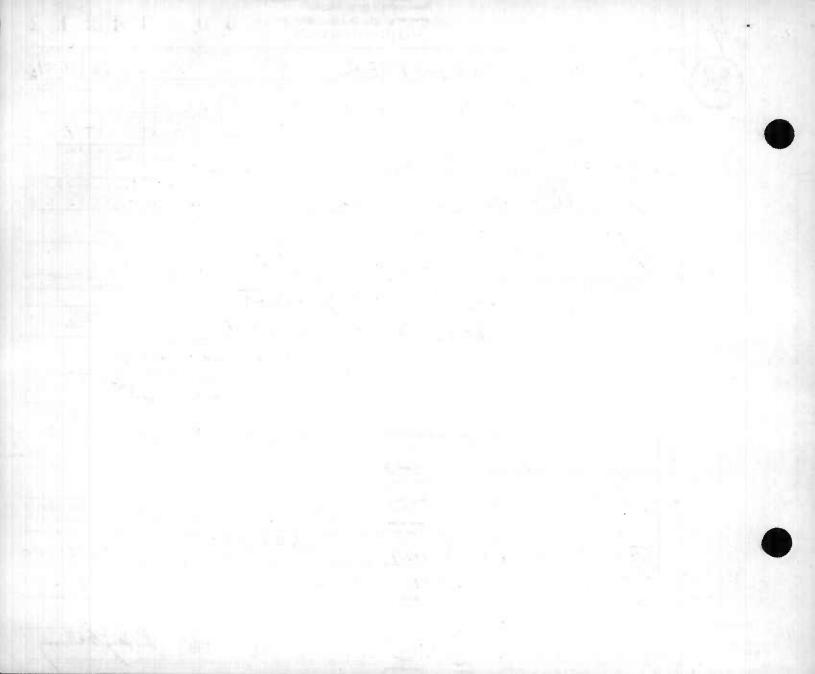
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VR A 15 (4))





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO FIRST DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED Agnes J. Sou 7019 80 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 9:15A DEAD 49 YRS Female. White 7419 80 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Md. DIVORCED X U.S.A. Baltimore City, ES 1, 2, AND 3 TO THE F PM 3. RETAIN PAGE ND 2 SHOULD BE FILED. VITAL RECORDS 301 W. D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore City Elliott Street Factory Packing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 3232 Elliott St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM 2 T. PAGES I AND 2 DIVISION OF VITAL MIDDLE LAST William Jakubowski Bertha Marie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES No 218-26-4339 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute carbon monoxide intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. BODYSYONLY 9 BURIAL YES X NO [ E 3 SHOULD BE DEPARTMENT C PRIOR TO BURIA BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL 10 1080 inhaled fumes from faulty chimney 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION FORWARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY AT WORK AT WORK PAGE STATE 3232 Elliott St. 212011 home Balto. Md. DIRECTOR: , WITH THE S 27s. Learnity that I taok charge of the remains described above, hilld an and in my apinian death resulted from Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE PAGE 4 SHUTTO FUNERAL DIVATE DIVATE DE ATH, VALTIMORE, MARTINORE, MA ACTUAL SIGNATURE Deputy EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Removal 2/26/80 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 WISISTRAR'S & **DHMH-17** 1980 VR A15 ME (5)) Anatomy Board Balto., Md. 15M 7/76

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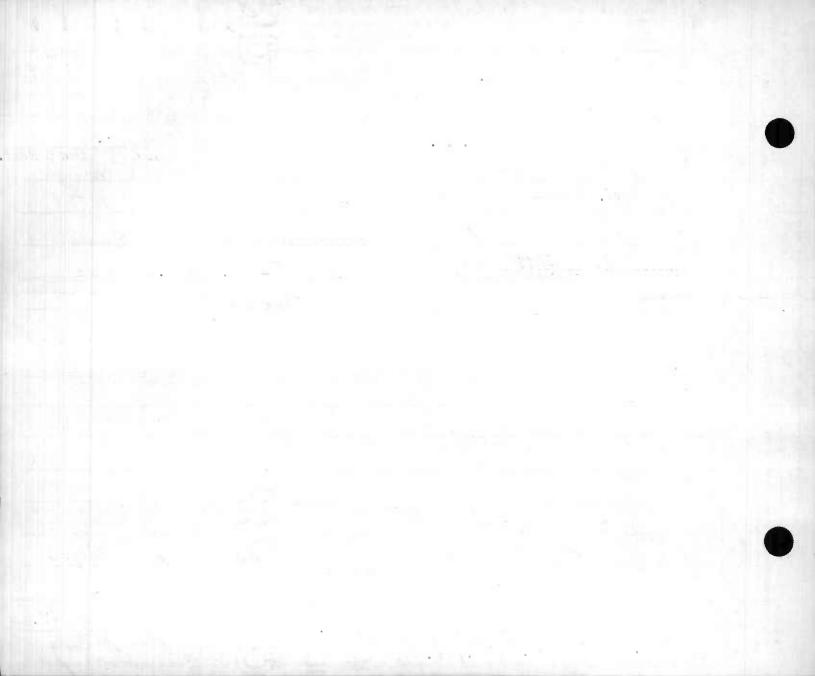
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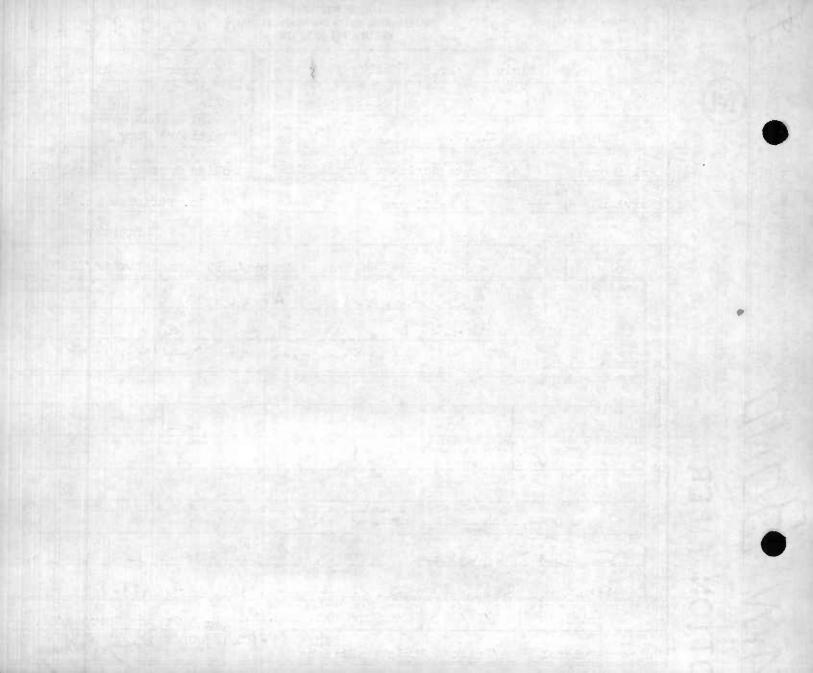
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-JOHN L. SPRING 13 1.80 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED male white DEAD a M 30. 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OF MARRIED D NEVER MARRIED FOREIGN COUNTRY Baltimore City DIVORCED 120 USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF OR INDUSTRY Baltimore Willshire Ave. COMMERCIAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY-LIMITS? 13e STREET ADDRESS 13a. STATE HIS COUNTY 13c CITY OR TOWN 4203 WALShire ARE NO [ SALTIMORE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES DIVISION (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 4203 W 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOX BURIAL E 3 SHOULD BE E DEPARTMENT PRIOR, TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK STATE 21201 PI 22a. I certify that I took charge of the remains described above, held on JOSE 4 SHOULD BE THE DIRECTION OF THE DIRECTION OF THE TENT OF T death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. PAGE TO FUI AFTER BALTJM TYPE OR PRINT) ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 24 FUNES 250. DATE REC'D. BY REGISTRAR **DHMH - 17** VR A15 ME (5)) 15M 7/76

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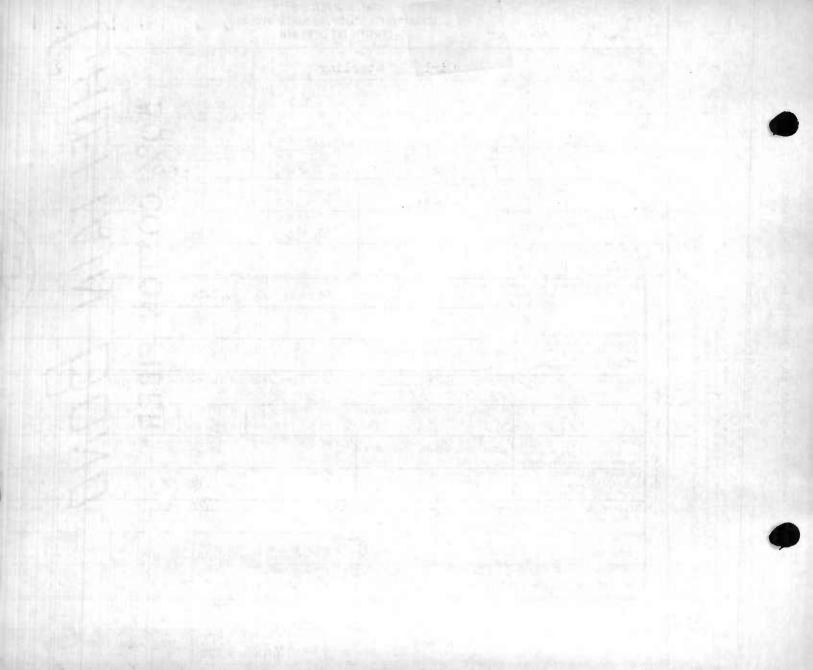
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IAN: The physicion inficote ha liftcote ha ol Hygien in 18 show	7 8	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18, PART	T 1 OR PART 2)
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phy endi	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN or Se o		220.1 certify that (I) (this hosp	ital) attended the deceased fro	om Acr	19 79	10 Feb 15 19	2 2 3 , that (1) (re) ost
R ATTENI hospital RECTOR: hed for us ept. of He tem 21 is		sow the deceased alive or above, (1) (we) did did no	Niew the body ofter death	19 8 W. or	d that in (my) (curpopinion	death occurred on the date and hour o	and from the couses stated
R he he		22b. SIGNATURE			DEGREE	AAEDICAL STAEE	22c. DATE SIGNED
		Stownt	V. alm		H. J. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/16/20
HOSPITAL ined by the FUNERAL wild be dett h the Stote		22d. PHYSICIAN'S NAME (TYPE C	PRINT)		22e. ADDRESS	1	
TO HOSPITAL retained by It TO FUNERAL should be det with the State IMPORTANT:	-	Stewart	Aden M	.6.1	Univers!	ity Hunit	
) BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	02/19/80		emetery or crematory ad Nat. Mem.Pl	Laurel/Prince	OUNTY STATE
DHMH - 16 60M 1/75	24	FUNERAL DIRECTOR		4	21222 25CDAT	FREGID BY REGISTRAR 25h REGISTRA	AP'S SIGNATURE
(VR A 15 (4))	W	alters Funeral I	Home/Pratt & St		21223 Streets	D & 0 1300 Marks	my Mc Cready



	1.	STATE BLO AR	RLENE		FHEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 8 0	0 4	2	2
e e e e e e e e e e e e e e e e e e e	1. DE (TYPE	CEASED NAME FIRST Baby	MIDDLE	irl St	erling	20. DATE OF DEATH	MONTH DAY	79	16 HOUR 932PM
ge 4 moy	3 SE	× Female	14 RACE BLACK	40	E OF BIRTH	6. AGE (IN YEARS LAST BIR	MONIE	HS CIAYS	IF UNDER 24 HRS HOURS MIN
death. Page in 72 hours bronce.	7a B	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WHAT	MAR	RIED NEVER MARRIED	9 BALTIMORE CITY	THO.		V MD
after of the full	10 C	BALTO	11. NAME OF HOSPI		E OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE) 1	26 KIND OF NDUSTRY	BUSINESS OR
24 hou 24 hou ould be must be	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU d.	OR OTHER INSTITUTION, GIVE RE			130 STREET ADDRESS	607 CO	TAGI	E AVE
MARYLA on thin on pletely and 2 sh	14 F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N FIRST ARLENE	AME MIDDLE	57	TERK	124.
m and co			RMED FORCES? 166 S	OCIAL SECURITY NO	. 17 INFORMANT	ADDR	SS	3	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		REMATURI	ry (26-28 W	ho gestotion)		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
death cert attending ove carbo frion, or re coumotic e		765/ Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	1	<b>V</b>		- 13	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,  NG PHYSICIAN: The law requires that the death certifications physician.  Iter this certificate has been signed by the attending plays the burial-transit permit. Then please remove carbang than d. Amental Hygiene prior to burial, cremation, ar remained or them 18 shows any injury, or ather traumatic even		gave rise to immediate couse (0), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF				784	
RDS, 30 equires 1 n signed Then ple r 1a buric injury, at	NO	PARTY OTHER SIGNIFICANT		-	UT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	N PART 1(0)	
AL RECOR	CERTIFICATION	19a. DATE OF OPERATION	1% CONDITION		ION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES C	
SION OF VITAL R PHYSICIAN. The II andring physicion. This certificate hos the burial-transit per d Mental Hygiene d or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M.	JRY MONTH DAY YEA		RRED (ENTER NATURE OF INJU	Y IN ITEM 18, PART 1	OR PART 2)	
UG PHYSIC offending ter this cert is the burial or and Menticipal ricked or item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	JURY CORT, OFFICE, FARM, ETC.)	211 LOCATION STREET	N ATY OR TO	WN C	COUNTY	STATE
TTENDIN pital or of TOR: Aft for use as of Health		270.1 certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no		- 40	1/1/79 19_ and that in (my) (aur) apinion	to	ate and hour one		hat (I) (we) last ouses stated
At OR A AL OR A AL DIREC detached of the Dept.		27b. SIGNATURE	ydays 1	lund od	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	1GNED 79
TO HOSPITAL ( retained by the TO FUNERAL ishould be deto with the State [ IMPORTANT: #		14 IDAYAT A	OR PRINT!	MD.	PROVIDENT	HOSPITAL	SDS	2/2/	J
OT refo	230. (	BURIAL, CREMATION, REMOVAL SPECIFY)	L 23b. DATE	23¢ NAME O	CEMETERY OR CREMATORY	CITY OR TOWN	COUN	1 po 60 :	STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME		ADDRESS	250 DA	R 1 8 1980	25b. ROGISTRAR	s signaju	IRE



DEPARTMENT OF HEALTH AND MENTAL HYGIEN® STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO FIRST DECEASED NAME a DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 7 19 80 Alice Stevenson 6 AGE (IN YEARS IF UNDER DATE OF BIRTH 2c. DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED Female. Black 29 10 DEAD 7 10 80 69 7g. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, South Carolina WIDOWED 5 DIVORCED U. I. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore City Castle Street USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 1753 Castle Street Maryland Baltimore YES X NO [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rillie Sawver Woodward Clift DIVISION OF 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IE YES, GIVE WAR OR DATES) James Stevenson 1728 North Chester N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seizure disorder DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a DATE OF OPERATION 9k CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] NO Y 3 SHOULD BE DEPARTMENT BUR 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STATE STREET, EACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE PAGE STATE Inspection X 22a. I certify that I took charge of the remain described above, held on Autopsy Inquiry and in my opinion CTOR: Homicide Undetermined manner death resulted fram: TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N Assistant MEDICAL EXAMINER SIGNATURE Hormez R. Guard, M.D. 111 Penn St. Balto., MD. EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Baltimore, Maryland 2/13/1980 Mount Auburn Cem. Burial 24. FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) Wm. C. March F/H 1101 East North Ave. 15M 7/76

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- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👰 CERTIFICATE OF DEATH

REG NO

80 IF UNDER I YEAR

YEAR

10:27

25 HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

Hatfield

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES |

COUNTY STATE

80

COUNTY

STATE

4 FUNERAL DIRECTOR

W. Burrier, Jr., Sykesville, Md.

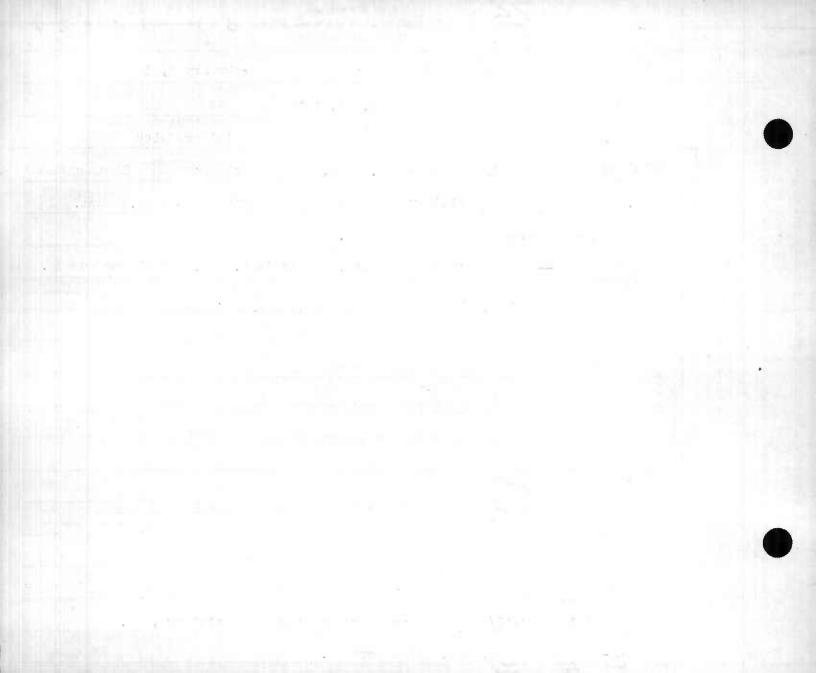
DHMH - 16 60M 1/75 (VR A 15 (4))

250. DATE REC'D. BY REGISTRAR 256: REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINT OF ESTI-DEATH MATED Stokes Ronald 80 4. RACE 5 DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE SEX 24. 24 YRS YEAR PRONOUNCED 17, 80 Male Black DEAD 12 22 55 76. CHIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X South Carolina USA Baltimore City, DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 18. CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE) Johns Hopkins Hospital Packer Baltimore City 3 RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 113b. COUNTY 13a. STATE 1320 N. Bond Street MD Baltimore YES X NO L ND 2 SI 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME AND 2 MIDDLE MIDDLE Stokes Jr. Stokes Joseph Pearl 17. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) Pearl Stokes 1320 N. Bond Street No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot wounds of chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. SED AS A BUR HEALTH AND CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 19a DATE OF OPERATION OF TO BURIAL, YES X NO . 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) E 3 SHOULD E DEPARTMEN PRIOR TO BU HOUR XX MONTH DAY YEAR UNDERLYING DOR MEDICAL subject shot CONTRIBUTING CAUSE OF DEATH 7:09 P.M. 17:0 80 21e. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY AT WORK AT WORK PAGE Blk. N. Bond St., Balto. MD on street 21201 Inspection and in my opinion FUNERAL DIRECTOR: TER DEATH, WITH THE S LTIMORE, MARYLAND, 2 22e I certify that I took charge of the remains described obave, held an Inquiry CERTIFICATI Homicide X Undetermined monner death resulted from: Notural causes Accident TITLE (SPECIFY) ACTUAL 2/18/80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. ADDRESS 111 Penn St. Balto., MD. (TYPE OR PRINT) AFT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 3d. LOCATION COUNTY STATE Baltimore Burial 2-22-80 Baltimore Cemetery MD 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 1101 E. North Ave. C. March F.H. 15M 7/76



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MIDDLE I. DECEASED NAME 26. DATE KNOWN DAY Zb. HOUR (TYPE OR PRINT) OF ESTI-Mary 2919 80 Stone SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE 24 HOUR 4:50 PRONOUNCED April Female White DEAD 19 80 76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, Ussissippi WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKINGSLIFE) OR INDUSTRY Baltimore Houseville 1001 St. Paul Street RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 1001 St. Paul St. Balto. Md. 13c. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? laruland Baltimore NO OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unknown 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Evelyn Ray, RFD3 Box 161, Pontotoe, Miss Vo CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a HYGIE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-T HEALTH AND ME lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? WARDED TO THE CH PAGE 3 SHOULD BE U TATE DEPARTMENT OI 1201 PRIOR TO BURIAL TO BURIAL NO 50 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY STATE 21201 P JULD BE FORV

DIRECTOR: P

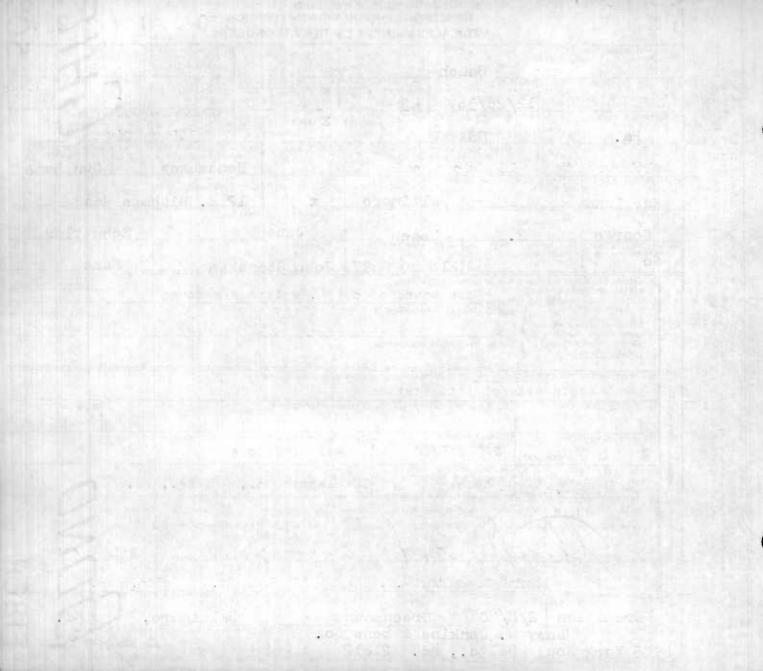
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MARYLAND, 21 226. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Homicide Undetermined manner CERT TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL 3/3/80 Assistant Mama SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, MATE Mar. 6. 1980 Burial emeteru Maryland BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 455 560 1 **DHMH - 17** Funeral Home, 1300 Fort Ave. Balto. Md. 1980 (VR A15 ME (5)) 15M 7/77

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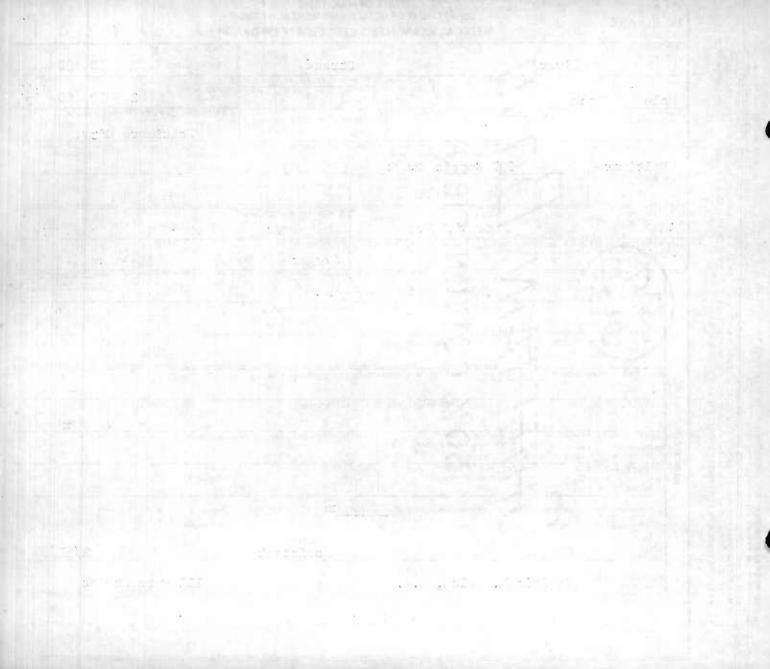
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2	10 CI	TY OR TOWN	OF DEATH	US.		NG HOME, OR OTH			Baltimore CCUPATION (TYPE OF	EWORK 17h KI	IND OF BUSIN	MD.
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	CA	190. DATE OF	OPERATION	196. CONDIT	ION FOR WE	TICH OPERATION W	AS PERFORMED!			20.	AUTOPSY?	
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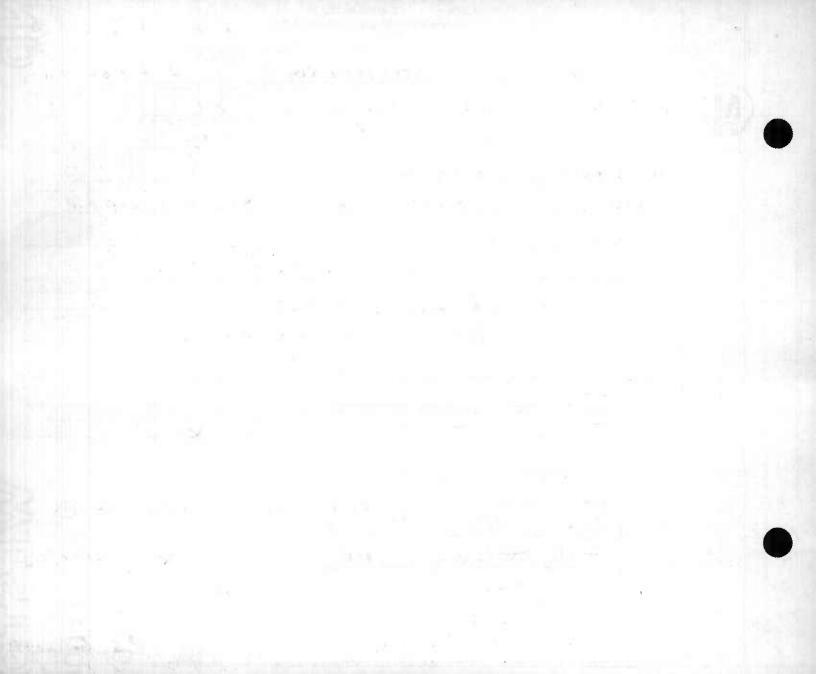


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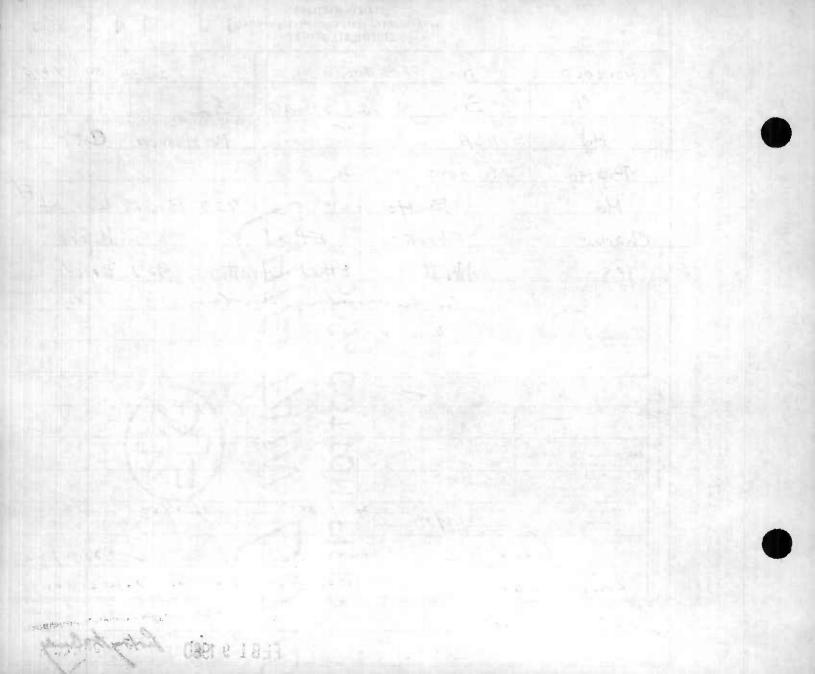


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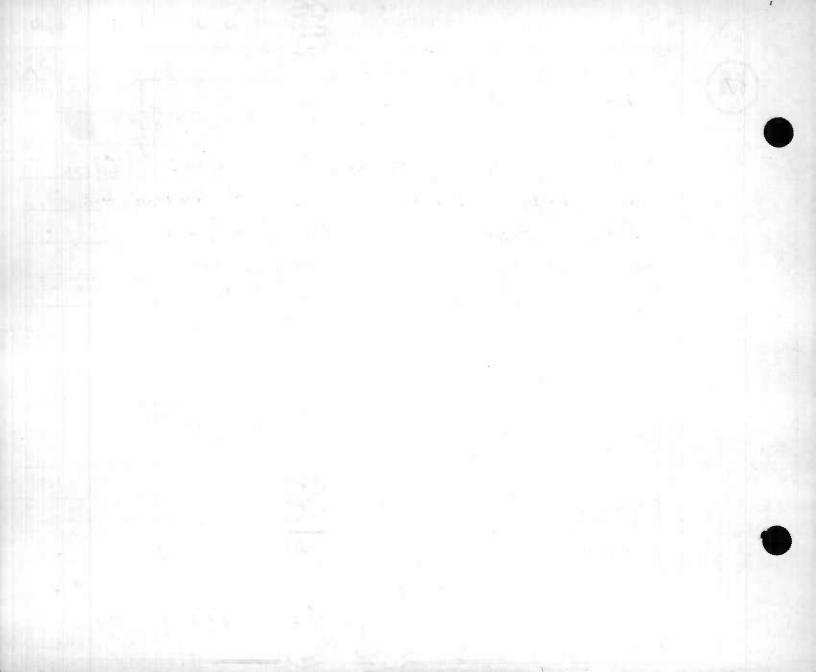
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		1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
			CEASED NAME FIRST	WIDDLE		AST		AONTH DAY YEAR	26 HOUR
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	N ASID	3 SE		ACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
	4 000		~/	B	MONTH	27 27	52	MONTHS DAYS	HOURS MIN
	2 62	70 B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	1 25		Mal	NSA	WIDOWE		Battin	nore Bit	Y MD.
	1 11 300	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NE		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 12b, KIND (	BUSINESS OR
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AND	2 E3 6		Ma	Same of the same o	ilto.	YES NO	927 3	rooks Lane	1st
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	within within d 2 sh	14 F	THER'S NAME	LE LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE	2/ 14	51
W.	and and and		Charles	Str	other	Ethel		Mue	rs
ORE	S S		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAI		SECURITY NO.	17 INFORMANT	ADDRES	S	
TIM	S. Page		Yes	WWII		Ethel St	votter "	127 Broo	Kc la.
BAL	hysicie paper avol.		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B)	ne cause per line for (a), (b	i, and ic	1		APPROX BETWEEN	ONSET AND DEATH
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× P	the remember the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF				
010	the d by individual in			(c)					
05, 2	equires n signe Then p ta bur	z	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	0
OR	9 . 0 >	ATIO	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND!	NGS USED
E	N so o o	FIC.	THE DATE OF OFTEN THOSE	THE CONDITION OF THE	THE TOTERATIO	T WAS TERN ORMED		HN CERTIFYING CAUSES	OF DEATH?
ITAI	3 PHYSICIAN: The I strending physicion. In this certificate has the buriol-transit pe and Mental Hygiene and Mental Hygiene ced or item 18 shows	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	YES THE IN STEM 18, PART 1 OR PART 2)	NO D
) F (	SICIAN: ng physic certificat unal-trans ental Hyge		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH					
NO	PHYSICIAN: ending physis this certifical te buriol-tran ad Mental Hy d or Item 18:	MEDICAL	21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION			
VISI	ING Ph r otten After th os the Ith and orked o	¥	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY	STATE
ā	ATTENDING sspital or oth ECTOR: After d far use as th 1. of Health a		220.1 certify that (1) (this haspital)	attended the deceased fr	om	111/88/19	10 2/12/	SD 19	that () (we) last
	ortal TOR of He		saw the deceased alive an above, [1] (we) (did) (did not) vi	- / - / -	1	d that in (my) (our) opinion	death accurred on the dat		,
	ox t ox e o e		22b. SIGNATURE	ew the body offer again		DEGREE		22c. DATE	SIGNED
	the the old th		/loke	- Wan	tac	( ATTENDING PHYSICIAN	MEDICAL STAFF		Na
	HOSPITAL ined by th FUNERAL wild be dett h the Stote	1	224 PHYSICIAN'S NAME (TYPE OR PRI	NT)		22e ADDRESS			
	TO HOSPITAL ( retained by the TO FUNERAL E should be detain with the Store IMPORTANT: If		KOBERT WA	pa		Prov. Deal	1200017m	2600 211	36her
	Sho of show with	230	BURIAL, CREMATION, REMOVAL 2			EMETERY OR CREMATORY	23d. LOCATION	a comma	N. STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

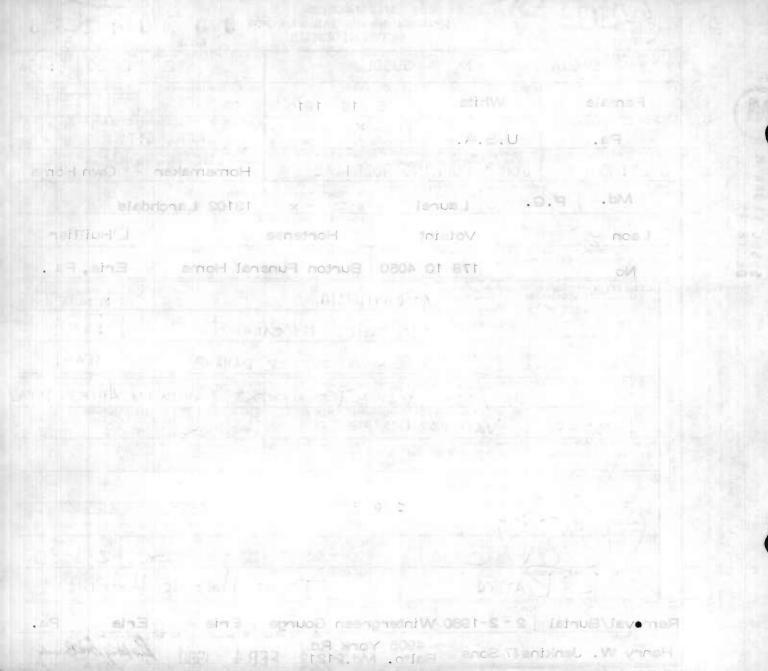
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IN CO. T. L. S. William Philadelphia Andreada and In W Dec 32 1966 13 Butter Descriptioned Contred Sales Estates NO BELLO K "526 Williams of the JEROME Sullivan Party Party RECEIRES 3249 2 Melastose to hear 2005 1 10 4/16 12 4/2 THE SOLIT I Kaywood Dade Med & Ships (Margintung 2-15-50 Westingwilliam Charatte Conf.C. M. Events innered Disposed Statement for the 1 to 1881 - 1881 - 1881

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME FIRST 28 DATE OF DEATH MONTH (TYPE OR PRINT) LEONA SUSOL M 80 9:4 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS Female White 1916 18 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. BALTIMORE CITY Pa. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TIMORE Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13102 Larchdale aurel NO X YES | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Voisint MIDDLE L'Huillier Hortense Leon In WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 178 10 4050 Burton Funeral Home Erie, Pa. No IN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: AIM HITHUSTA MINUTE. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF SCUE MIC MYODAROIUM DAYP Conditions, if any, which gove rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF YEARS VALVULAR DAMAGE underlying couse CHRONIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ORONAM EPLACEMENT 190 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? ALVULAR DISEASE IN CERTIFYING CAUSES OF DEATH? YES [ NO I 00 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER P.M ö 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK **7**-30- 80 22a Lerrity that (1) (this hospital) arrended the deceased from. 80 saw the deceased office and , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 176 SIGNATURE DEGREE 22c DATE SIGNED FUNERAL DI ould be detached to the State Dep ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAND 22d. PHYSICIAN'S NAME ITYM CHPUPT 22e ADDRESS 23e. BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE Removal/Burial 2 - 2 - 1980 Wintergreen Gourge Erie Erie Pa. 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 4905 York Rd DHMH-16 25M Henry W. Jenkins & Sons (VRA 15, 4) 1/79 Balto. Md. 21212

STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

Item 19b G544 6/24/80 dad

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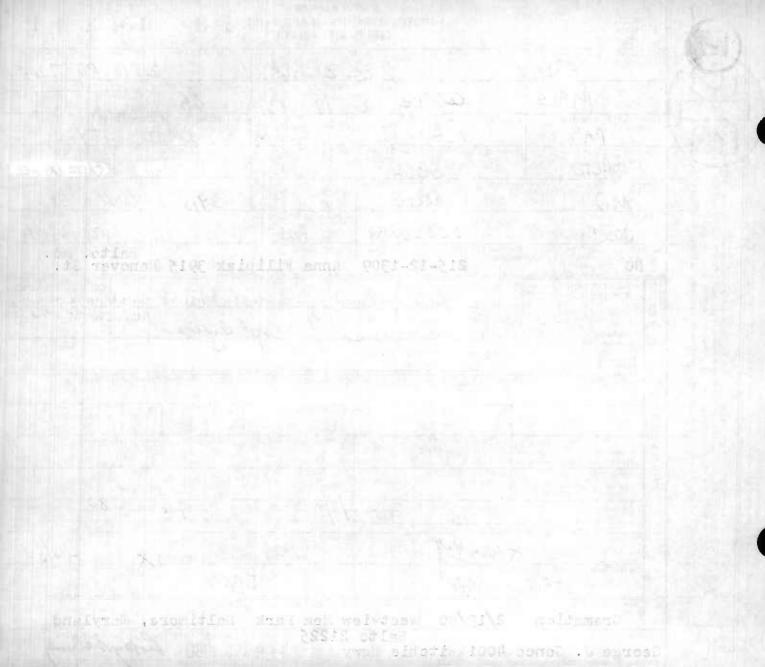
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Page direct nours	Fema	.1e	Blac		8	18	98	81 BALTIMORE CITY (	YRS	OF DEATH	
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red fred	10 CITY OR TOV			OSPITAL, NUR	SING HOME	OR OTHER INSTITUT		USUAL OCCUPAT	ION	126 KIND C	F BUSINESS OR
201 us after his diled w	BALT	MORE		Calhou		105	1	Domestic		Privat	te homes
BALTIMORE, MARYLAND 2120' cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be file yol. t, the medical examines must be no	130 STATE	ICE (IF NURSING HOME OF	NTY	I3c. CITY OR TO		138 INSIDE CITY L	LIMITS? 13e	STREET ADDRESS 329 N. C		C+	
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MORE,	160 WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDR	ESS	14	
ficate be explosed on papers. Pagent, the mec	No			124-16	-3544						IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The low requires that the death certific ottending physician.  After this certificate has been signed by the attending ph st the burial-transit permit. Then please remove carbon p th and Mental Hygiene prior to burial, cremation, or remo arked ar Hem 18 shows any injury, or other traumotic even	PART 2 C	ns, if any, which the to immediate of the stating the ground cause last of the station of OPERATION	DUE TO, OF	TION FOR WHI	OUENCE OF  O DEATH BUT	e CANA	D VZN	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
A OF VITA  SICIAN: The physicic certificate ringl-transit entrol Hygic frem 18 sho	OR CONITRO	ENT WAS UNDERLYING DUTING CAUSE OF DE	ATH HOUR A.	M. MONTH		THE HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	RT 1 OR PART 2)	
DIVISION OF:  NG PHYSICIA ottending ph ffer this certifi ffer this certifi th and Mental orked ar item I		NOTIFY MEDICAL EXAMINER	21e PLACE (		19 CE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
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by the ERAL DI ERAL DI ERAL DI ANT. If h	22d. PHYS	LINE LE			,	ATTER PHYS 22e. ADDRESS	SICIAN D	AEDICAL STA	CIAN	2/9	180.
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DHMH - 16 50M 1/76	24. FUNERAL DI		1-1	ADDRESS			250. DATE RE	C'D. BY REGISTRAR		. /	
· (VR A 15 (4) )	Anatom	y Board		Balto.	, Md.		ttt	3 1 9 1980	pin	try MC	Gready

STORES AVE. TALITIMORESISTES

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 2h HOUR (TYPE OR PRINT) 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAYS HOURS To. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT MARRIED NEVER MARRIED COUNTRY DIVORCED A WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK AOR MOST OF WORKING LIFE) INDUSTRY Balto DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 filled in lould be f USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
13b COUNTY
13c CITX OR TOWN 13e STREET ADDRESS 13c CITY 13d INSIDE CITY LIMITS? S. HANOVER 4. FATHER'S NAME MIDDLE KORUNSTA 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT puo NO NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) -12-1309 Anna Filipiak 3915 Hanover St 18 CAUSE OF DEATH (Enter only one cause per line for La), (b), and (c) PART I. DEATH WAS CAUSED BY MASSIVE BRONCHOPNEUMONIA : IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which otto gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ě IN CERTIFYING CAUSES OF DEATH? NO YES NOF shov Hygu 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH nta MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the/deceased from. 80 sow the deceased alive on 2/16
above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING STAFF 4 MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS should be with the 23a BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 2/19/80 Westview Mem Park Baltimore, Maryland Cremation BP 24. FUNERAL DIRECTOR Balto 21225 DHMH - 16 50M 1/76 George J. Gonce 4001 Ritchie Hgwy (VR A 15 (4))

STATE OF MARYLAND



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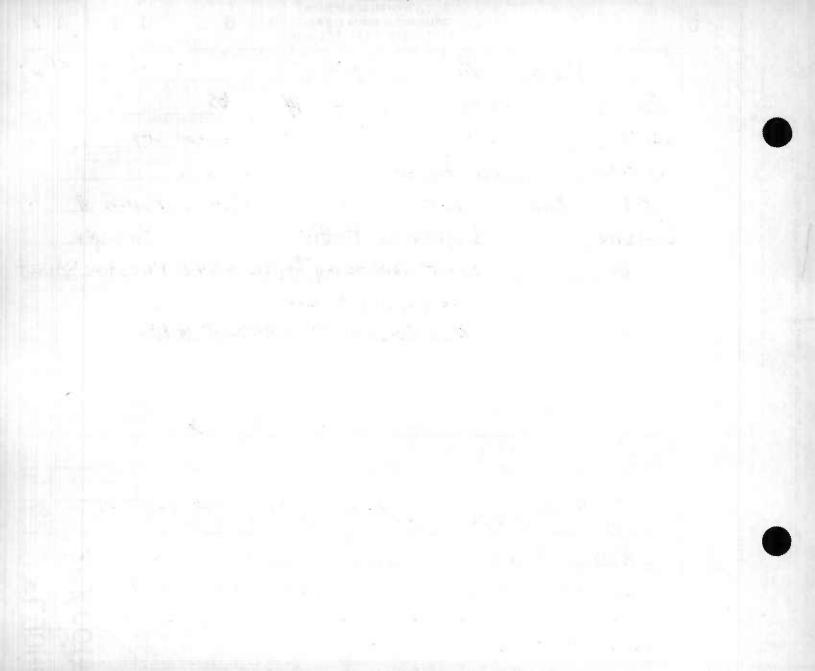
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 117. INFORMANT AL	Dunbar
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 242-05-0104 Vernell Taylor 8880	Piney Branch Road
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTER
PARTIDEATH WAS CAUSED BY:    MMMEDIATE CAUSE (0)   Arteriosclerotic Cardiovascular Diseas	e BETWEEN ONSET AND
4392 DUE TO, OR AS A CONSEQUENCE OF	
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gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY
	, and in my opinion
ACTUAL SIGNATURE DIAMA ZOLANIO M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 2/11/80
SIGNATURE MEDICAL EXAMINER	SIGNED 2/11/00
EXAMINER'S NAME Virginia L. Dolan, MD. ADDRESS 111 Penn St	reet
The state of the s	
Burial 2/16/1980 Cheltenham Cemetery Cheltenha	am, Maryland

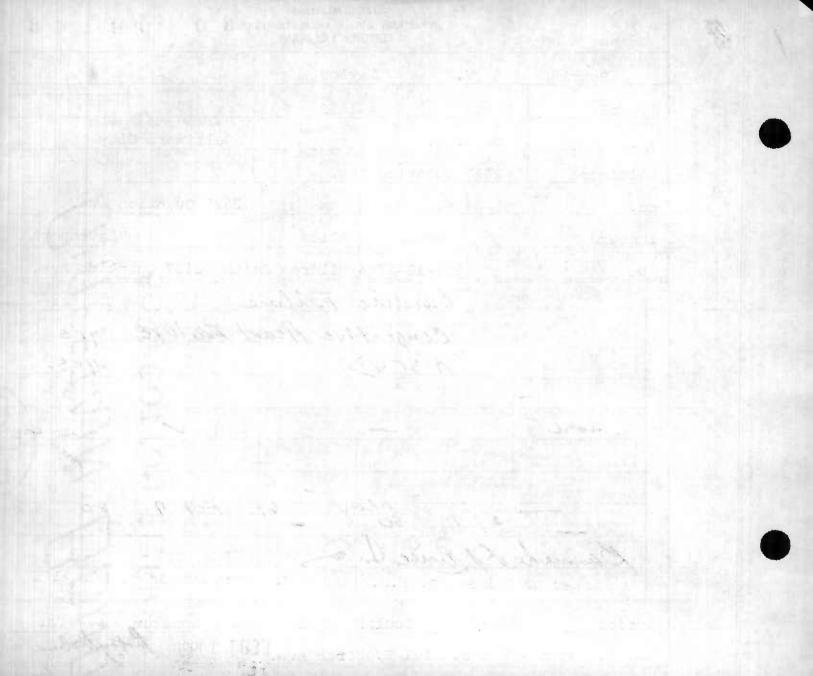
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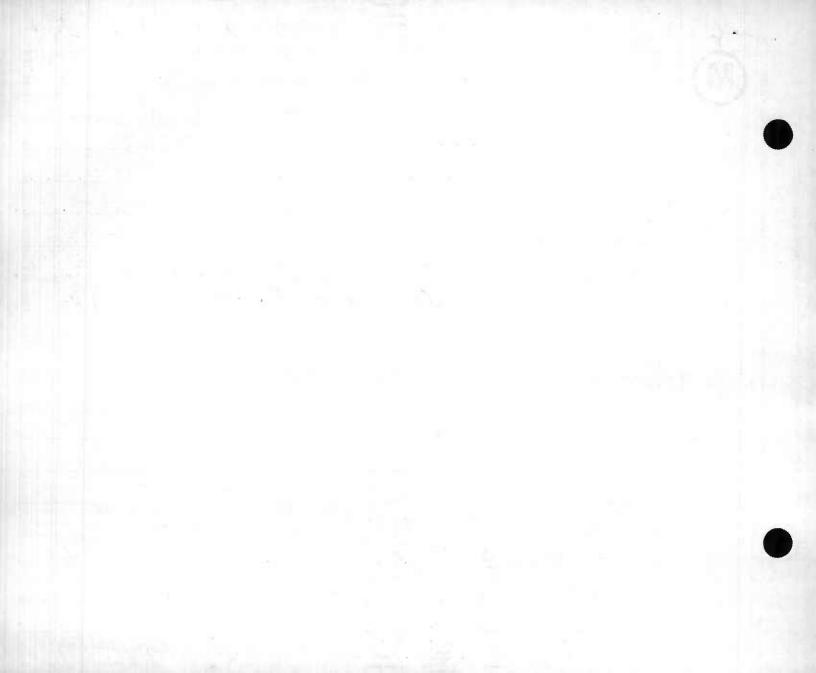


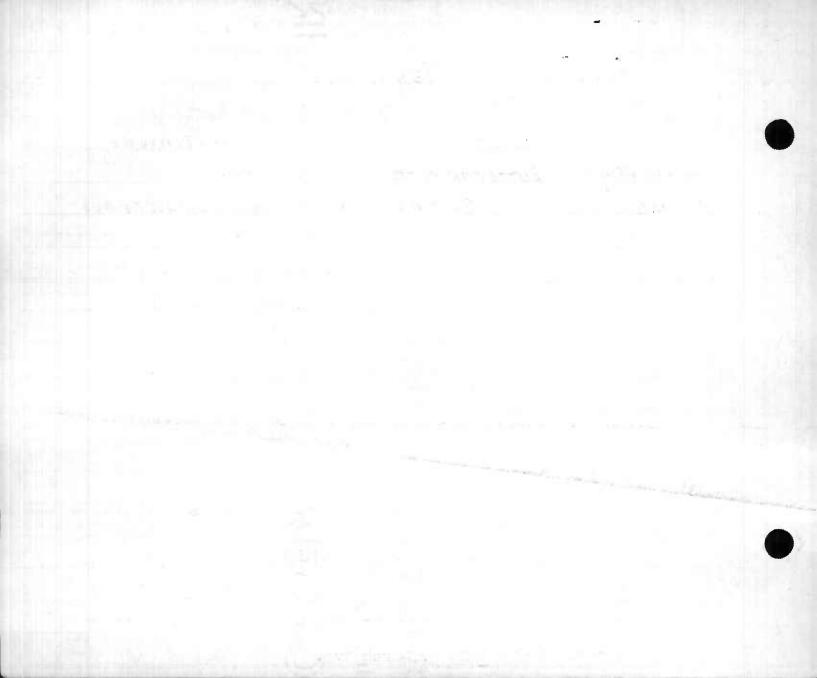
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

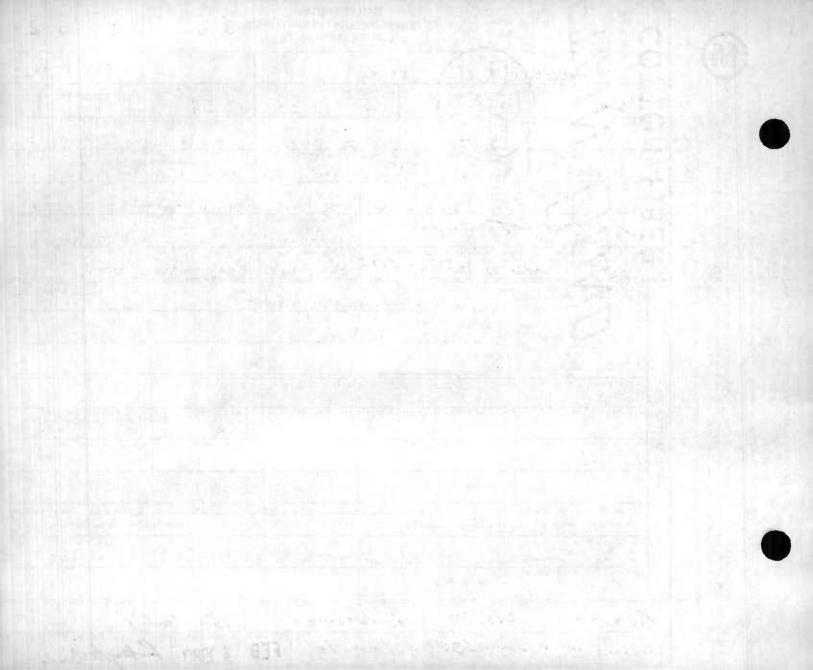
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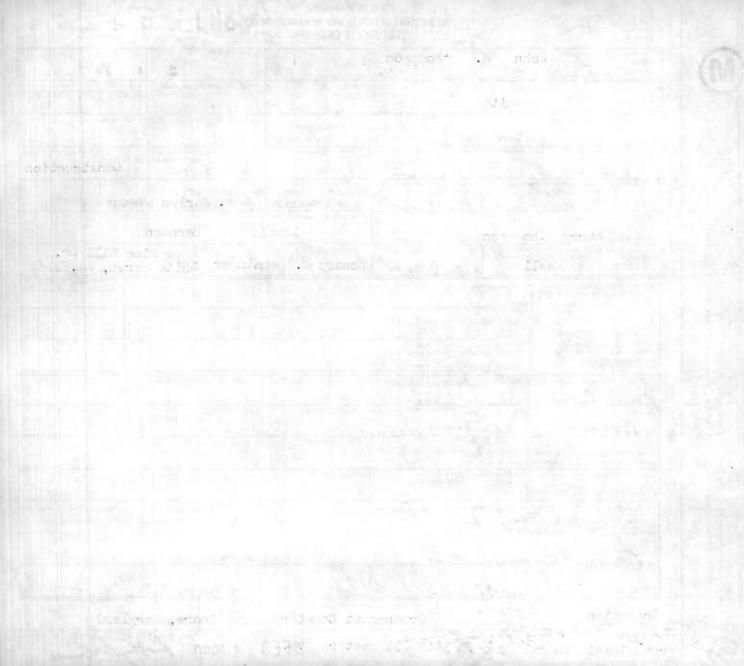








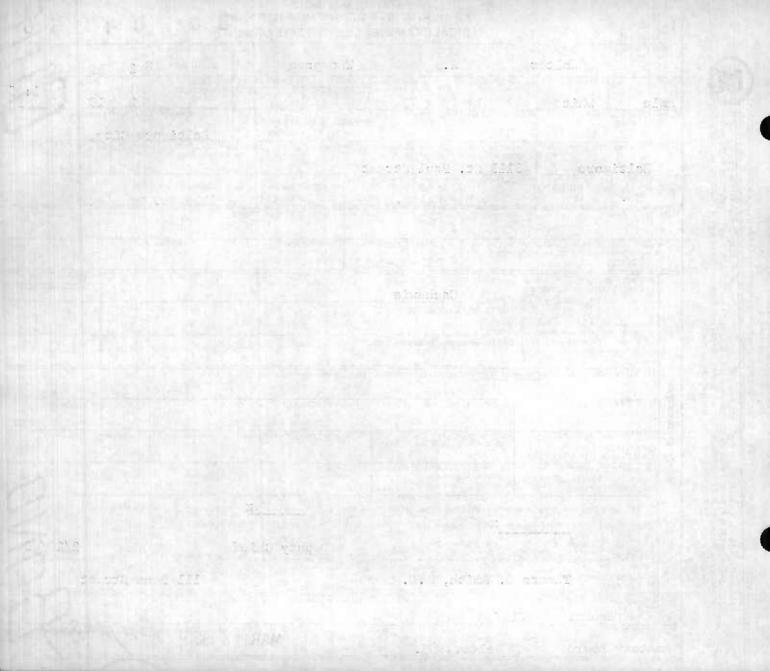
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED DIRECTOR. OUR FILES. 72 HOURS 19 80 THOMPSON Laurence 8:53 6. AGE (IN YEARS IF UNDER 1 YR 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE FUNERAL DIRECTOR 15 FOR YOUR 15 WITHIN 72 H PRONOUNCED male white Dec. 14. DEAD PM 19 80 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** PA BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX FOREIGN COUNTRYS Baltimore City WIDOWED Vinninia PAGE 5 E FILED, 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Baltimore City Hospital Baltimore 3. RETAIN PA SHOULD BE F rain Uperator parrows ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NUCOUNT 13d. INSIDE CITY LIMITS? 13d. STREET DORESS 13CCLTY OR TOWN 21201 Salisbury Ave. dgemere. I'd. Maruland emere NO ( 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE OFWE loseph FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS DIVISION (YES NO, OR UNKNOWN) WAR OR DATES) Virginia Love, 1450 Stevenson St. Ba UNITED STATE OF THE WILL BY ID MENTAL HYGIENE, DIS. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG Bronchopneumonia ITEM IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which EXAMINER gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OF HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO [ R: PAGE 3 SHOULD BE UE STATE DEPARTMENT O 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 216. PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED WARDED STREET, FACTORY, FARM, ETC.) STREET COUNTY STATE CITY OR TOWN WHILE NOT WHILE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212 22a I certify that I took charge of the remains described above, held an Undetermined manner death resulted from TITLE (SPECIFY) Assistant 2-9-80 MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME MARGARITA A KORELL, M.D. 111 Penn Street 230 BURIAL CREMATION REMOVA STATE helteham 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR uneral Home, 237, Patapsco Ave. Balto. Md. **DHMH-17** (VR A15 ME (5)) 15M 7/76

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1/2	SIRTHPLACE FOREIGN COUNTRY	STATE OR	76 CITIZEN OF	WHAT COU	NTRY?	MARRIE	NEVER MARR	IED . 9. B	ALTIMORE CIT	Y OR COUN	ITY OF DE	ATH	
Ľ			USA			WIDOWE			Baltime				
10	CITY OR TOWN	N OF DEATH		HOSPITAL, NU		E, OR OTHER	RINSTITUTION	FOR MOST O	OCCUPATION OF WORKING LIFE)	TYPE OF WORK	OR I	OF BUS	
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1	FIRST		MIDDLE		1031	1.1	FROI		(TIPPLE		1		
16	8. WAS DECEAS	ED EVER IN U.S. AF	RMED FORCES?	166. SO	CIAL SECURI	YNO. I	7. INFORMANT		ADDR	ESS			
	Unkn		E WAR OR DATES	0	55-05-	3012							
F	18 CAUSE	OF DEATH (Enter o	nly ane cause per	line far (a), (b	o), and (c),)						APPE	OXIMATE I	NTERVA
	PARTIC	EATH WAS CAUSE	ED BY:		hexia						BELWE	EN ONSEL	IND DE
1	77	IMMEDIA	ATE CAUSE (a)  DUE TO.		NSEQUENCE	OF			1000				
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Г		rise to immediate  a) stating the under		OR AS A COL	NSEQUENCE	OF							
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Г	PART 2 OTNER	SIGNIFICANT CONDITION	CONTRIBITING TO BE	ATN RUT NOT PEL	ATED TO THE TER	MINAL BISEASE (	OR CONDITION GIVEN IN PA	PT Lie					
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1	19a. DATE C	OF OPERATION	196. CON	NDITION FOR	WHICH OPE	RATION WA	S PERFORMED?	- 13			20 AU	TOPSY?	
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		IG DOR	HOUR	A.M. MONTH	DAY YEA								
	V /	OCCURRED		P.M. CE OF INJURY	Y (AT HOME.	21f. LOC	ATION						
	WHILE			FACTORY, FARM,			REET	ст	ORTOWN	C	YTHUC		STAT
	AT WORK	AT WORK											-
	22a. I ce	rtify that I taak char	rge of the remains	described ab	ave, held an	Autopsy	Inspectio	in X, In	quiry	and in my o	pinián		
1	death resu	ited fram: Nat	ural causes X	Accident	A. s	uicide	Hamicide .	Undetermin	ed manner	١.			
1		111	60	160	K		Deputy C	hiof				2/20	/20
1	SIGNATUR	- UM	Mast	1 mi	V		Deputy C	hief MEDICAL	EXAMINER	DATE		2/20/	00
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i	TYPE OR P	BNT	mas D. S	mith,	M.D.	A	DDRESS		TIT B	enn St	reet		
23	Be BURIAL, CREM	ATION,REMOVAL	23b. DATE	23c.	NAME OF CE	METERY OR	CREMATORY	23d. LOCAT	ION	co	UNTY	STA	TE
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2	4. FUNERAL DIR	ECTOR	ADD	RESS			25a. DATE	AR 18	ISTRAR 256 R	ESISTIFICATION	STAR	ready	1
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1.	FOR			TE OF MARYLAND HEALTH AND MENTAL HY	GIFNE	
1,	STATE REGISTRAR			NER'S CERTIFICATE OF	M 11 11	4251
	YPE OR PRINT!	FIRST	MIDDLE	LAST	20. DATE KNOWN X MO	ONTH DAY YEAR 26. HOU!
	The state of the s	Willie	J.	Thompson	DEATH MATED	2 3 19 80
EX	4. RACE	5. DATE OF	BIRTH 6. AGE (IN)		4 HRS. 2c. DATE MC	ONTH DAY YEAR 24. HOUR 4:35
	le Black			rs.	DEAD	2 3 19 80 PM
	BIRTHPLACE (STATE OR	7b. CITIZEN	OF WHAT COUNTRY?	MARRIED PNEVER MARRIE		
0 0	CITY OR TOWN OF DEATH	II NAME	OF HOSPITAL, NURSING HOA	WIDOWED DIVORCE	Baltimor 120. USUAL OCCUPATION (TYPE OF V	e City, MD
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m	Aryland		139/10	YES NO	721 Lunhurs	t 51
14.	ATHER'S NAME	WIDDLE ,	TI LAST	15. MOTHER'S MAJOEN	NAME MIDDLE	LAST
16.	WAS DECEASED EVER IN	US ABMED CORCE	10moson	TY NO. W. INFORMANT	ADDRESS	1enson
100.	YES, NO, OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)		411 mm 1	1 the man	me buch t
	CAUSE OF DEATH (	nter only one couse	per line for (o), (b), and (c).)	VIIIS HARGE	1H Many SON 1	APPROXIMATE INTERVAL
	DADT   DEATH WALL	CALICED BY	Gunshot Woun	d to Face	unspecified)	BETWEEN ONSET AND DEATH
	9654		TO, OR AS A CONSEQUENCE			
	Conditions, if ony, gove rise to imm		)			
1	couse (a) stating the lying couse lost.	under- DUE	TO, OR AS A CONSEQUENCE	OF		
	BART 2 OTHER CICHICICARY CO.	(c)				
Z	FART Z OTHER SIGNIFICANT CO	HOLLIONS CONTRIBUTING I	IO DEATH BUT NOT RELATED TO THE TEL	MINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
CERTIFICATION	19a. DATE OF OPERATIO	)N 19b. (	CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
						YES X NO
	210 EXTERNAL CAUSE V	VAŠ 21b. 1	TIME OF INJURY UR XX MONTH DAY YEA	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2]
MEDICAL	CONTRIBUTING CAL	ISE OF DEATH 3:	15P.M. 2 3 198	Subject shot		
A S	21d. INJURY OCCURRED WHILE NOT WH	21e.     STI   1	PLACE OF INJURY (AT HOME, REET, FACTORY, FARM, ETC.)	STREET Rear o		COUNTY STATE
	WHILE NOT WH	k 20 1:	ouilding	600 N. Gilmor	St., Baltimore	Md.
	22a. I certify that I too	k charge of the rem	oins described obove, held on	Autopsy X, Inspection	, Inquiry, ond in	my opinion
	death resulted from:	Notural causes	, Accident , S	uicide Homicide X	Undetermined monner,	
	ACTUAL DIA	y Da	la Ma	TITLE (SPECIFY)		OATE 2/4/80
	SIGNATURE OUT OF	WE X NO	44~ 1.11)	M.D. Assistant	MEDICAL EXAMINER S	IGNED 2/4/00
	EXAMINER'S NAME TYPE OR PRINT)	/irginia I	L. Dolan, M.D.	ADDRESS	111 Penn	Street
23a.	BURIAL, CREMATION, REM			METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BuriAl	12-8-	-80 Arbul	US Mem. Hark	BAIL	Indi
24	FUNERAL DIRECTOR	Dece -	ADDRESS & / . 11	AL ALA CED	ec'd. bý régistrár 256. registra 1 1 1000	AR'S SIGNATURE
D	DEPOND,	161133 2	Willow	IN MUE, FED	T T 19811	y// World

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	DECEASED NAA	AE FIRST		MIDDLE			LAST		20. DATE KE	NOWN X	HTHOM	DAY YEAR	26 HOUR
	TITE ON THE ST	EARN	EST		r	IBBS			DEATH A	MATED _		4 180	M
3. S	EX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD			URS MIN.	PRONOUNC		HTMOM	DAY YEAR	1:26
	male	black	12 27	26		RS.			DEAD			4 19 80	IP.
	BIRTHPLACE (FOREIGN COUNTRY	)	76. CITIZEN OF WH		TRY?		ED X NEVER			RE CITY OR		OF DEATH	
	Virgini		US.		SING HOM	WIDOW		NORCED 1	Baltime			b KIND OF BI	MD.
			(IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)				MOST OF WORKIN		P WORK I'A	OR INDUST	
	Baltimo UAL RESIDENCI		Baltimon OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSI	ON)				Name of			
3a M	aryland	l 13b. COUN	NTY	Bal	or town timore		13d. INSIDE CITY LI YES X	MITS? 130. STI 10 ( 484	REET ADDRESS	sdale_	Avenu	ie	
14.	FATHER'S NAM	\E	MIDDLE	į.	AST		15. MOTHER'S FIRST	MAIDEN NAM	IE MIDE	DLE	Mark.	LAST	
1	Joh				'ibbs		Arre		Cons	ADDRESS	Fi	ields	10-3
60	(YES, NO, OR UNKN	ED EVER IN U.S. AR	WAR OR DATES)		IAL SECURIT				10.10 =				
_	Yes	Arm			22–986	02	Louise	Tibbs	4843 15	ruesda	le Av	APPROXIMAT	FE INITEDICAL
	PART I D		D BY.									BETWEEN ONS	ET AND DEATH
	111	IMMEDIA	TE CAUSE (o) Card										
		ons, if ony, which											
	couse (	rise to immediate  o) stating the <u>under</u>		AS A CON	SEQUENCE	OF				-			
A	lying co	ouse lost.	(c)								31/4		
z		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	TEO TO THE TERM	IINAL OISEASI	E OR CONDITION GIV	EN IN PART 1 (a).					
OIT	190 DATE C	F OPERATION	TIPE CONDIT	ION FOR V	WHICH OPER	ATION W	AS PERFORMED	)?				20 AUTOPSY	(2
FICA			170 001011								50.7	YES 🗆	NOX
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AL C	UNDERLYIN	IG OR		MONTH	DAY YEAR	1							
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M	WHILE AT WORK	NOT WHILE	STREET, FACTO	JRT, FARM, ET	(C.)	5	Ispain		CITY OR TOWN		COUNT	1	STATE
	22n. L cer	tify that I took char	ge of the remoins desc	ribed obo	ve, held on	Autop	sy . In	spection X	Inquiry	, ond	in my opin	ion	- de
	deoth resu		prol couses X,	Accident		icide	, Homicide		etermined mon		,	11/19	
		117	7	1			TITLE (SPEC	(IFY)					
	ACTUAL	4/	Juan	0		M	Assist	ant ME	DICAL EXAMI	NER	DATE SIGNED.	2-1	5-80
	EXAMINER'	SNAME					- W.		dr'530				
	(TYPE OR PE	HOT HOT	mez R. Gua				COUNTY OF		nn Str	eet			
230	(SPECIFY)	ATION, REMOVAL					R CREMATORY	TI.d. L	OCATION TY OR TOWN		COUNT		DATE
74	Buri.		2/18/80	В	altimo	re C	emetery	DATE REC'D.	altimo	e, Ma	rylan	HANDRE	
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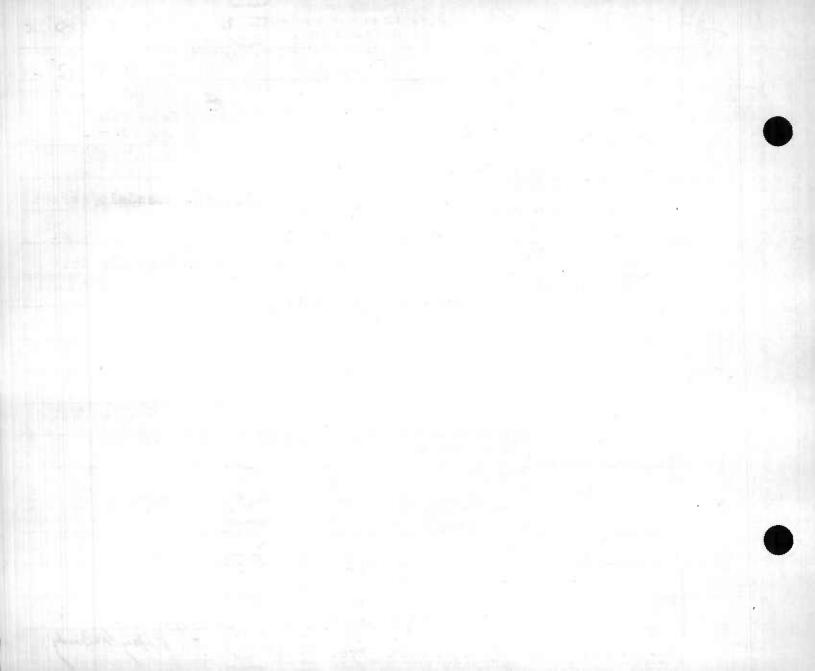
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MIDDLE (TYPE OR PRINT) Tiller 1980 Minnie G. 4 RACE 5. DATE OF BIRTH IF UNDER LYFAR 3 SEX & AGE (IN YEARS LAST BIRTHDAY) MONTH 10 1902 Female White Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN COUNTR Va. MARRIED NEVER MARRIED Baltimore City U. S. A. WIDOWED DIVORCED [ ID CITY OR TOWN OF DEATH L CARECTE OME MODERS HE OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 1000 Caton Ave. Baltimore, Md.2122 TYPE OF WORK FOR MOST OF WORKING LIFE) Home Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. 1621 Dartford Rd. 21221 Balto Md. 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME Mae Stephenson Tiller Ida James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-58-6748 Nancy Smith o daughter No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 Conditions," if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF lost. underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygi 216. TIME OF INJURY 7 a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that w (this haspital) attended the deceased from. 9-23 sow the deceased alive on_ and that in (any) (our) opinion death occurred on the date and hour and from the causes stated obove, U+(we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS N-11- 1000 5.0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Baltimore Couffty, Holly Hill Memorial 2-26-80 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRST 28 DATE OF DEATH 1980 (TYPE OR PRINT) TOENEBOEHN FEB. 4:02am MARY ETT.EEN 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS March 10, 1921 White Female 58 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED U.S.A. Marvland BALTIMORE CITY WIDOWED DIVORCED [ II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR JOHNS"HOPKINS HOSPITAL HOUSEWOTE WORKING LIFE INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 416 Pime Terrace 1134 INSIDE CITY LIMITS? Glen Burnie Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Ellen McCormack John Mary Harman = ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-14-9008 Milton Toeneboehn no sae as above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ury cellcana 3 weeks Conditions, if ony, which gave rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? S NO YES [ 8 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART & OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21a PLACE OF IN JURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from 14 sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave (1) (we) (did) (did not view the bady ofter death THE SECRETURE DEGREE 17L DATE SIGNED TO FUNERAL C should be detach with the State D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME ITYPE OF PERIL 220 ADDRESS 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Burial Glen Burnie A.A. Maryland 2/22/80 Glen Haven Cem. 758. DATE REC'D, BY REGISTRAR 755, REGISTRAR 24 FUNERAL DIRECTOR DHMH-16 25M Raynond C. Fink (VRA 15.4) 1/79 Glen Burnie, Md.

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		1			STATE OF MARYLAND	A 6	4
	. 7		FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	REG. NO	0 4 2 6 3
		1.	DECEASED NAME FIRST YPE OF PRINT)	WIDDLE	LAST	2ª DATE OF DEATH	NONTH DAY YEAR 26 HOUR
	y be		ANTHONY T		NTITONTI	2-7-80	7.80 110:15PM
	age 4 may	D.	MALE	4 RACE	S DATE OF BIRTH  MONTH  3  20	6 AGE (IN YEARS LAST BIRTH	DAY) # UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
	deem. P	9 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	
10	urs after	3 10	BALTO.	11. NAME OF HOSPITAL, NURSIN . IF NOT IN SUCH FACILITY, GIVE STREET A C. LUFF, C. L. HOSF	DDRESS)	120 USUAL OCCUPATION OF TIRED	
ND 212	filler in uld be mine mine	S Y	SUAL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMIERONI	130 STREET ADDRESS	FAGLEY ST.
YLA	sho sho	14	FATHER'S NAME	200	15 MOTHER'S MAIDEN NA	ME	
MAR	ted of 2	0	Älfred	Tonti	Assunta	WIDDLE	Caggese
MORE,	be ey and and ages	16	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, ONE 1941	war or dates) 166 SOCIAL SECUL WAR OR DATES) 26-14-7	17 INFORMANT 503 Mrs. Mary	ADDRES	S
IAIT			Is CAUSE OF DEATH (Enter onl	ly one cause per line-far (a), (b), one	CADDIO DECDIE	ATORY ARREST	APPROXIMATE INTERVAL
1	physic physic removal		PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (O)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ATURT ARRES	
NO	death tending carbon on, or traum		1629	DUE TO, OR AS A CONSEQUE	NCE OF CARCINOMA OF	THE LUNG	
EST	the attencemove car emove car emation, other trai	-	Conditions, if any, which gave rise to immediate	( 1b) CAR	CINOMA	THE ZONG	
W. P	th your		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF METASTATICACAR	CINOMA	
rDS, 20	aw requires een signed I Then pleas or to burial any injury,	į		ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
RECON	e has been bermit. The ene prior t shows any	7	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	SICIAN ysician. ertificat transit ptal Hygiltem 18	4	CONTRACTOR CONTRACTOR	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR		
VISION	INDING PHY attending phesical steel this case as the burial selfth and Menis marked or lis marked or	ASDICA .	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	N COUNTY STATE
ō			22s I certify that (III) this hospid	of attended the deceased from	90	death occurred on the day	te and hour and from the couses stated
-	by the hospital by the hospital ERAL DIRECT e detached for the State Dept. of		22b. SIGNATUR.	Sibus	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	PITAL by the GRAC detacl State [ ANT:		224 BUYEVELANIE NIAME	-0	1220 ADDRESS CHILD	DIRECTOR PHYSICI	an D 2-7-80 00
	TO HOSPITAL ON AT retained by the hospital TO FUNERAL DIRECT Should be detached for with the State Dept. of IMPORTANT: If I tem		DR. M. 4. BI	1 -1 0 1	CHURC	CH HOSPITAL ( TIØR MORE, 1	CORPORATION 100 N. MARYLAND XXX 21231
	F 5 F#3 ₹	23	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
760	PP		Burial	2/11/80 0	aklawn Cemetery		lmore, Md.
	DHMH-16 25M (VRA 15, 4) 1/79		Zannino Funera	al Home, 263 s			Sb. REGISTRAR'S SIGNATURE
		-				- WILLIAM	

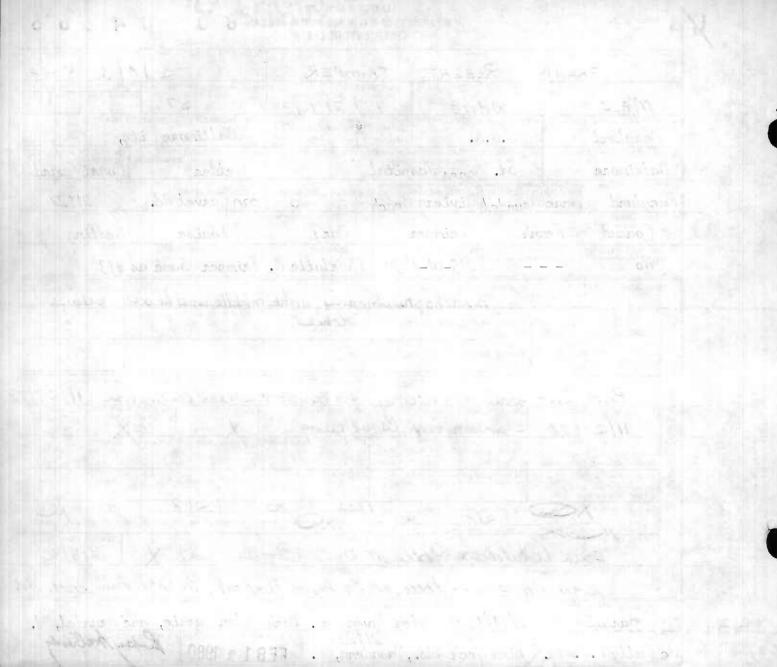
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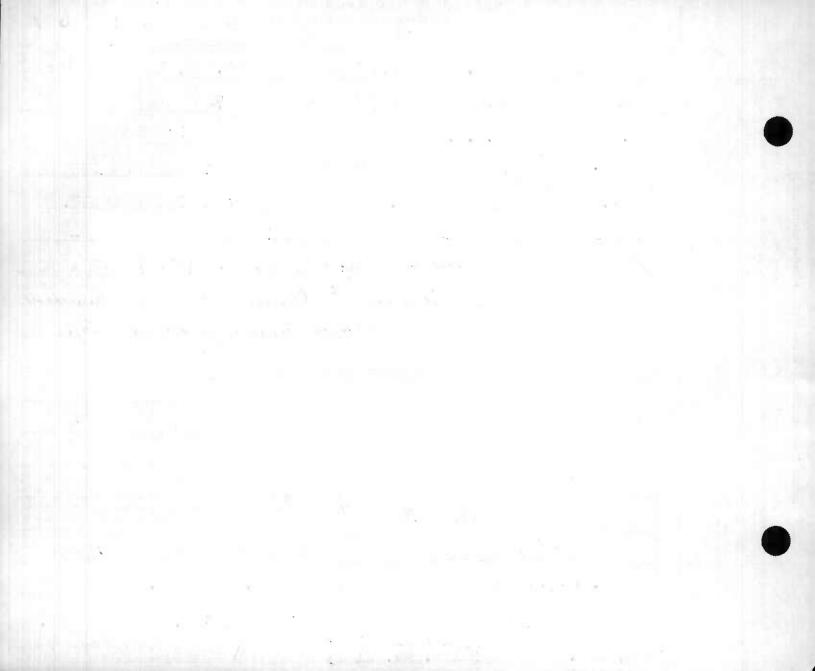
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DEPARTMENT OF HEALTH AND MENTAL HYGIENI FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Larry Anthony Treece 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DAY 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 3:30 PRONOUNCED 80 black. male 59 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MD COUNTRY MARRIED NEVER MARRIED USA BaltimoreCity DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IFNO500HFB tock IRS ADD Fulton Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b. COUNTY RECO 1139 Gorsuch Avenue YEST'X NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Ted Magaline Treece Goodwin 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? No N/A Magaline Treece 1139 Gorsuch Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple stab wounds IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES X E 3 SHOULE E DEPARTMENT ( 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR subject stabbed CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY FARM, ETC.)
UNKNOWN CITY OR TOWN WHILE AT WORK TO AT WORK unknown XX Inspection 22s. I certify that I taak charge of the remains described above, held an and in my opinion Inquiry Homicide Ly Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V Assistant MEDICAL EXAMINER 1/25/80 SIGNATURE Hormez R. Guard, M.D. 111 PennStreet, Balto., MD EXAMINER'S NAME (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD Baltimore 3/6/80 King Mem. Park Co. Burial 25a. DATE REC'D. BY REGISTRAR 25b. **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. 1980 (VR A15 ME (5)) 15M 7/76

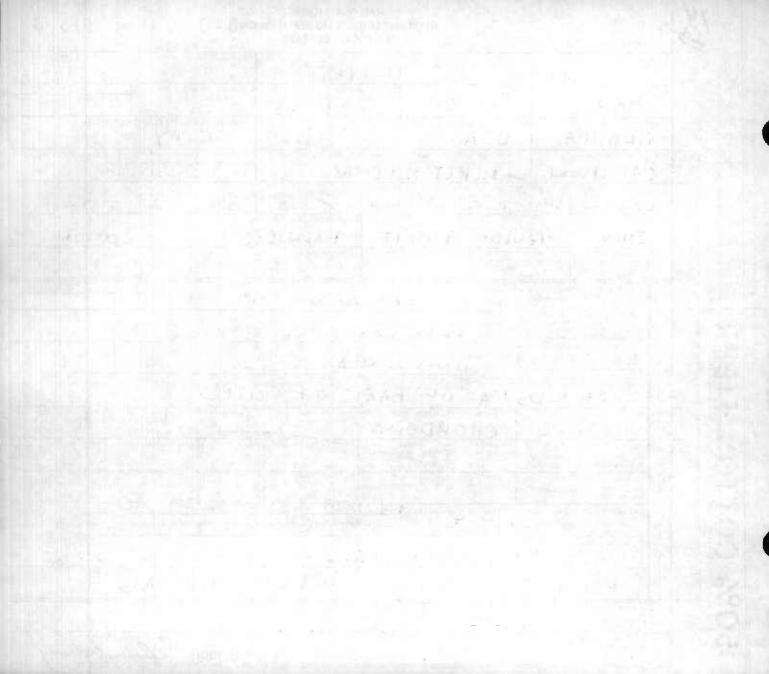
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	X	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 4 2 6 ( REGISTRAR CERTIFICATE OF DEATH  REG. NO.
4)	11	DECEASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
page 3 death		FRANK ROBERT TRIMPER 2/8/8 8:55
E	100	MALE SEX WHITE S DATE OF BIRTH MONTH   GAY YEAR   6. AGE (IN YEARS LAST BIRTHDAY)   FUNDER 1 YEAR   FUNDER 241   MONTH   DAYS   HOURS   MONTHS   MONTHS   DAYS   HOURS   MONTHS   MONTHS   DAYS   HOURS   MONTHS   DAYS   HOURS   MONTHS   MONTHS   DAYS   HOURS   MONTHS   MONTH
	25	BIRTHPLACE (STATE OR FOREIGN COUNTRY?   MARRIED   NEVER MARRIED   BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   Baltimore (ity)
by the to	40	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. KIND OF BUSINESS  (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. KIND OF BUSINESS  (TYPE OF WORK FOR MOST OF WORKING LIFE)  12. COAST GUARD  (OAST
thin 24 ho ould be fil	33	JUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  JAN COUNTY  JAN COUN
ompletely and 2 sho	20	FATHER'S NAME Connad Frank Trumper Many Louise Kesting
e be exe Pages 1	2	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS  (YES, MO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-01-1450 (harlotte M. Trimper Same as #13  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
ed by tease re	iry, or other trauma	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)
4: The law re te has been s permit. Ther iene prior to	Aug swaus	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 2 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN GIV
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BP		BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE (SPECIFY) Burial 2/11/1980 Glen Haven Men. Park GLEN Burnie, Anne Anundel Mo
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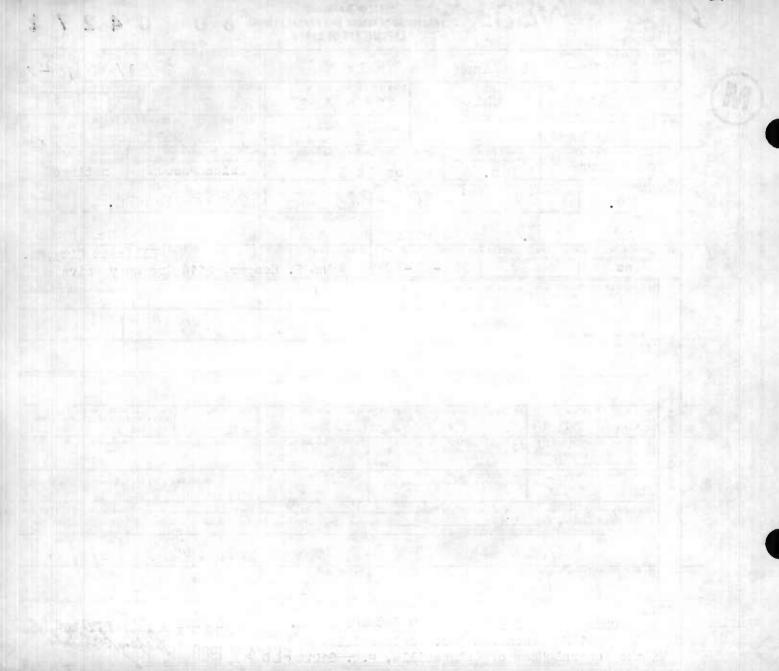


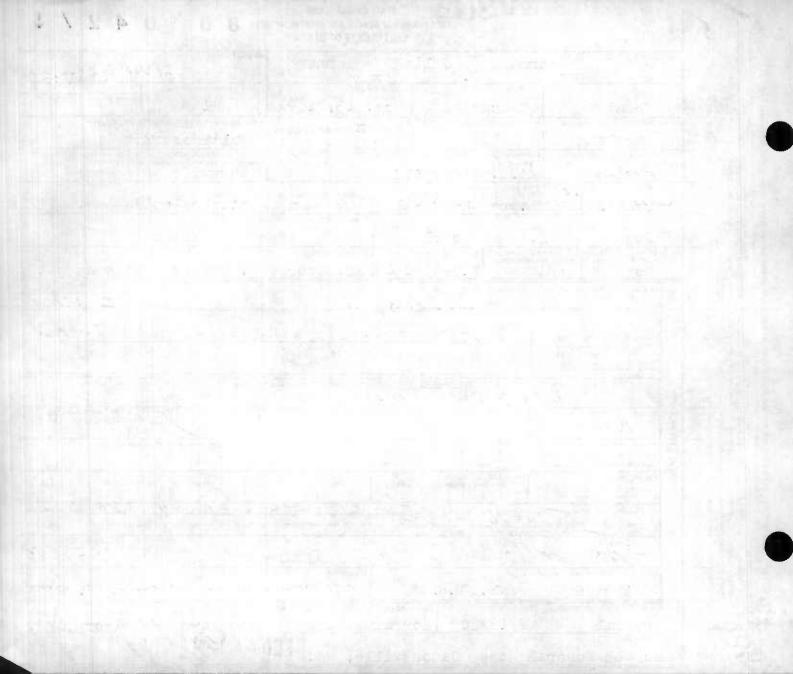
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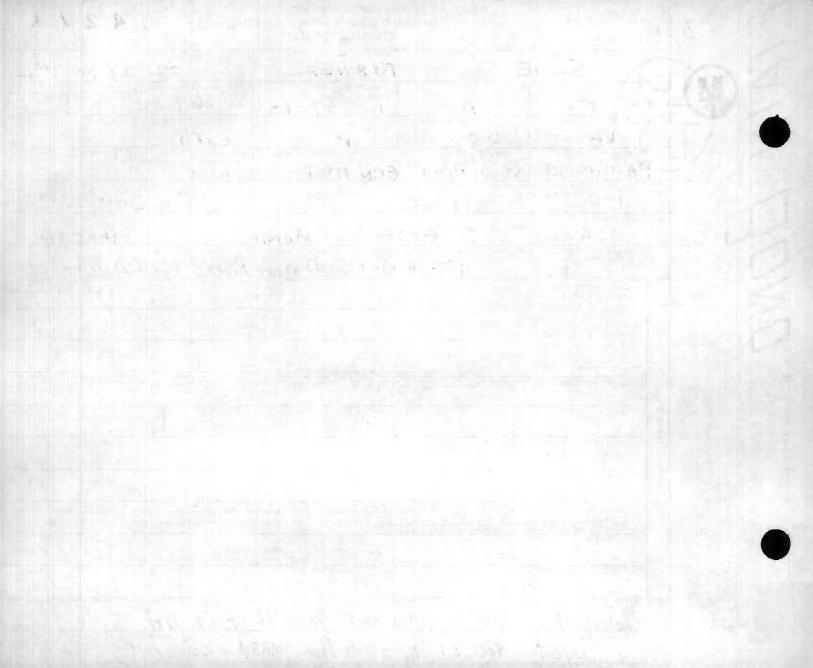


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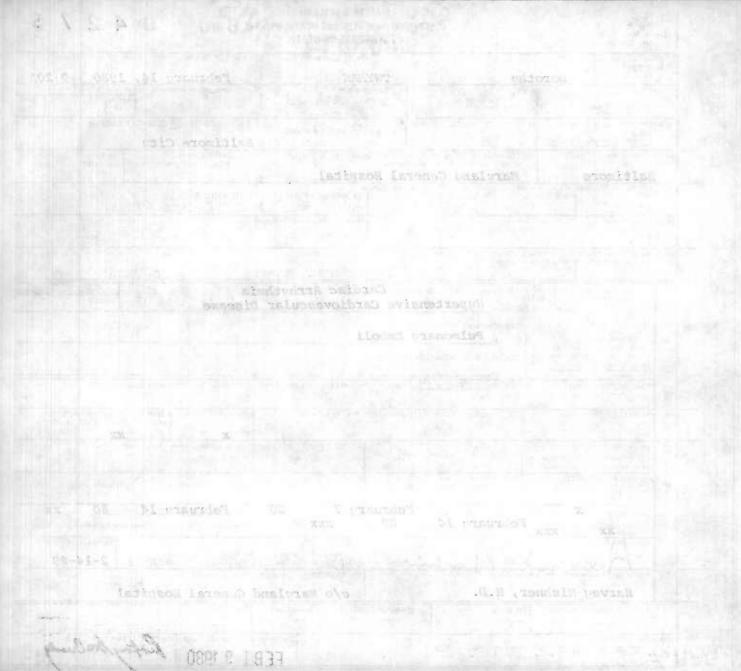




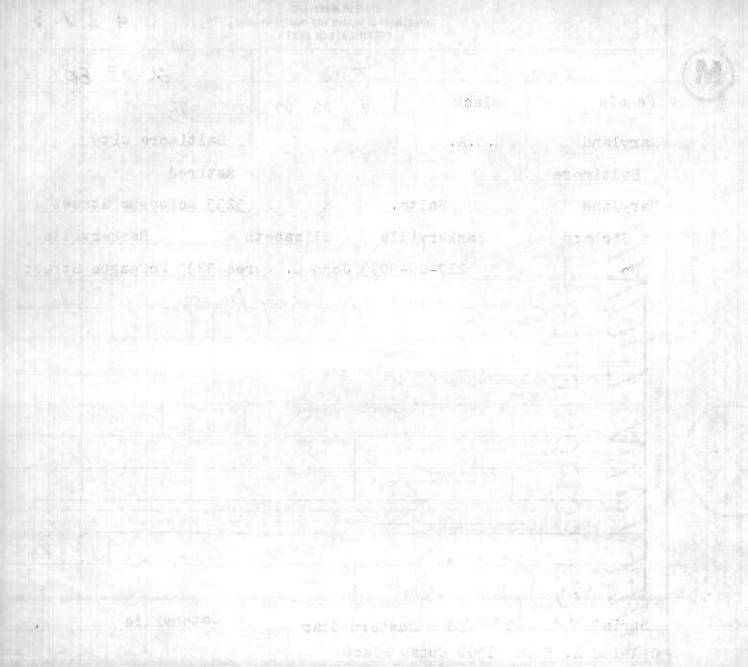
	STATE OF MAKTLAND	.3
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	N 08 27 10 69 YRS	
1-	BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
3	VA US WIDOWED DIVORCED [ CITY.	MD
	OCITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	JSINESS OR
13	BALTIMORE SOUTH BALT. GEN HOSP, NONE	
20	ISUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  30. STATE A 1 136 COUNTY 136, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	
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	I. FATHER'S NAME  II. MOTHER'S MAIDEN NAME  II. FATHER'S NAME  II. FATHER'S NAME  II. MOTHER'S NAME  III. MOTHER'S NAME	
50	UNK. TIEGLE MONIA HARCY	M
1	o WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	771
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 197-16-6862 MRS. Florence Rivers 602 N. Dykelning	1 St.
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	sow the deceased alive an19 and that in (my) (our) opinion death occurred on the date and hour and from the cous above, (1) (wes (did) (did not) view the body after death.	ses stated
	226. DATE SIGNATURE 220. DATE SIG	NED
	C- AQUET MODE ATTENDING MEDICAL STAFF 12-28	-80
2	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	
	E. GOINS S. BALT. GEW HOSP. BALT.	US.
-	30. BURIAL CREMATION REMOVAL 236 DATE / 236 NAME OF CEMETERY OR CREMATORY . 23d LOCATION	
	(SPECIFY) BUYING 3/4/80 Md NATI Mem DK. BONT MI COUNTY	STATE
	4 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
	Legal O. Duett 4600 Liberty Hopts, Auc. MAR 4 1980 history Machine	
	PINAL DUCTI TOO KINGSHI HANDALIDE I IIII - 1000   7 / 1	10



(VRA 15, 4) 1/79



16/	1.	FOR STATE	DEPAR	STATE OF MARYLAND THEALTH AND MENTAL	HYGIENB O	) 4276
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67		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
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e hospital DIRECTOR sched for us Dept. of He f Item 21 is		obove, (1) (we) (did) (did n 22b. SIGNATURE	not) view the bady after death.	DEGREE		22x DATE SIGNED
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By the		228. PHYSICIAN'S NAME (TYPE	on rugue	PHYSICIA 220 ADDRESS	AN DIRECTOR PHYSICIAN	× 5/50/00
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	230. E	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	COUNTY STATE
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- 16 50M 1/76	24 FU	UNERAL DIRECTOR	ADDRESS		FFR 2 7 1000	REGISTRAR'S SIGNATURE
(VR A 15 (4) )	1 1	TIADITEC A DI	OF 1200 Fto	11 11 1000	110//1000	Fr 1 40 / A



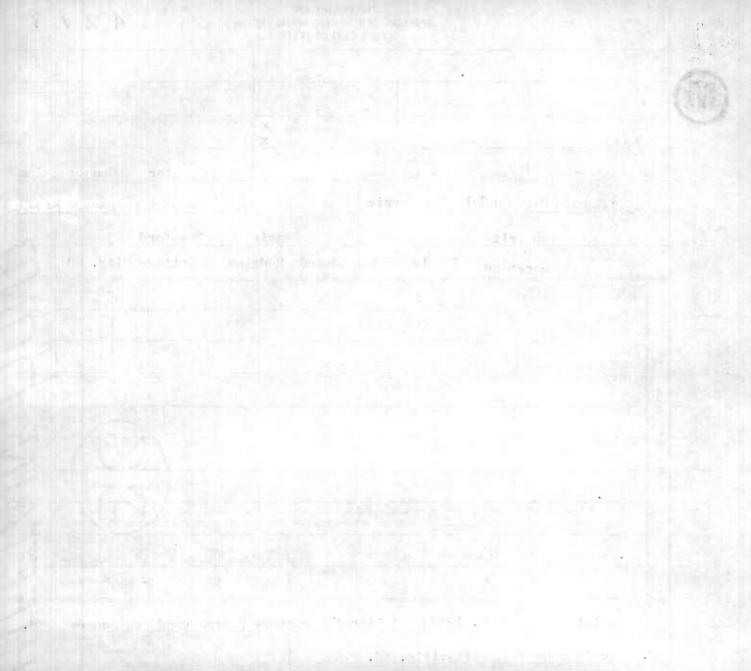
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) 200 13 Catherine Unglaub Barbara 4 RACE 5 DATE OF BIRTH SEX 6 AGE LIN YEARS LAST BIRTHDAY April 14, 85 94 White Female TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, U.S.A. Maryland WIDOWED DIVORCED | IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore City Hospital Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13d INSIDE CITY LIMITS? 13. SIREEL ADDRESS Point Rd., 21219 Baltimore Edgemere Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Wilhelimine MIDDLE Unglaub Unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) Antonetta C. West (same as line 13) 213-50-2199 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and it PART I. DEATH WAS CAUSED BY 411412 if any, which to immediate stoting underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 27a.1 certify that (1) (this hospital) attended the deceased from (my) (or) opinion death occurred on the date and hour and from the causes stated sow the deceased live on obove (I) we did did not view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAM'S NAME (TYPE OF PRINT) 4 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE STATE Meadowridge Mem. Dorsey, Maryland Feb. 15,80 Burial 24. FUNERAL DIRECTOR FEB 1 9 DHMH - 16 60M 1/75 (VR A 15 (4)) Duda-Ruck, Inc., Baltimore, Maryland

	ilm 542 4/1 FOR STATE	11 44	DEPARTMENT OF		ND MENTAL HY	()	0 0	4	2 1	8
1. DEC	REGISTRAR CEASED NAME E OR PRINT)	FIRST Caroly/	WIDDIE	LAST		20. DA1	REG. NO.	момін	DAY YEAR 1 19 80	2b. HC
3. SEX	female bla	5. DATE OF BIRT	Y YEAR LAST BIRTH	YEARS IF UNDER		A HRS. 2c. DA	ATE DUNCED EAD	2-1	DAY YEAR	20. 11
MA	RTHPLACE (STATE OR PREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIED WIDOWED		XXX	IMORECITY OR Baltimor	e Cit	ty	
Ba1	ty or town of death ltimore	3932-	OSPITAL, NURSING HOA HEACILITY, GIVE STREET ADDRESS —Susanah—Roa —Susanah—Roa	sad 12 N	I. Gay St		CUPATION (TYPE ( WORKING LIFE)	OF WORK 1	OR INDUS	JSINES: TRY
113a ST		ING HOME OR OTHER INSTITUTION  36 COUNTY	BALTIMOR	ISSION)	I INSIDE CITY LIMITS?	13e. STREET AD	BARRINGT	ON RO	DAD	
	ATHER'S NAME ANTEL	MIDDLE	Ŕðger.	2S	PEARL	NAME		INGLE	ETAŔŸ	
	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (1	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR		PHYLIS SPI	RIGGS .	ADDRESS 3932 SUS	ANNA	ROAD	
N	gave rise ta in cause (a) stating the lying cause last.  PART 2 OTHER SIGNIFICANT C		OR AS A CONSEQUENC		CONDITION GIVEN IN PART	T 1 (a).			/11 10	7
IFICATIO	19a. DATE OF OPERATI	ION 196 CON	IDITION FOR WHICH OP	PERATION WAS	PERFORMED?				(HeadO	(?
									YES X	140
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EDICAL C	UNDERLYING OR CONTRIBUTING CA	AUSE OF DEATH 1:50t	A.M. MONTH / JAY YE  XXX 199  199  199  100  100  100  100  100	211. LOCAT 12 N°E	ject shot	et, Ba	iry , and		inian 2 / 1 /8	MD
	UNDERLYING OR CONTRIBUTING CA  21d. INJURY OCCURRE WHILE AT WORK WO  22a. I certify that I to death resulted fram:	AUSE OF DEATH 1:50 PLACE IN THE	described abave, held an Accident	an Autopsy Suicide	ject shot TION Gay Stree XX (headOr Inspection Homicide XX TITLE (SPECIFY) Assistant  111 Pe	Undetermined  MEDICAL EX  PAGE  1234 LOCATIO	Itimore ( iry, and d manner,  (AMINER eet,Balto	City,  din my apin  DATE SIGNED	inian D 2/1/80	MD ⁵

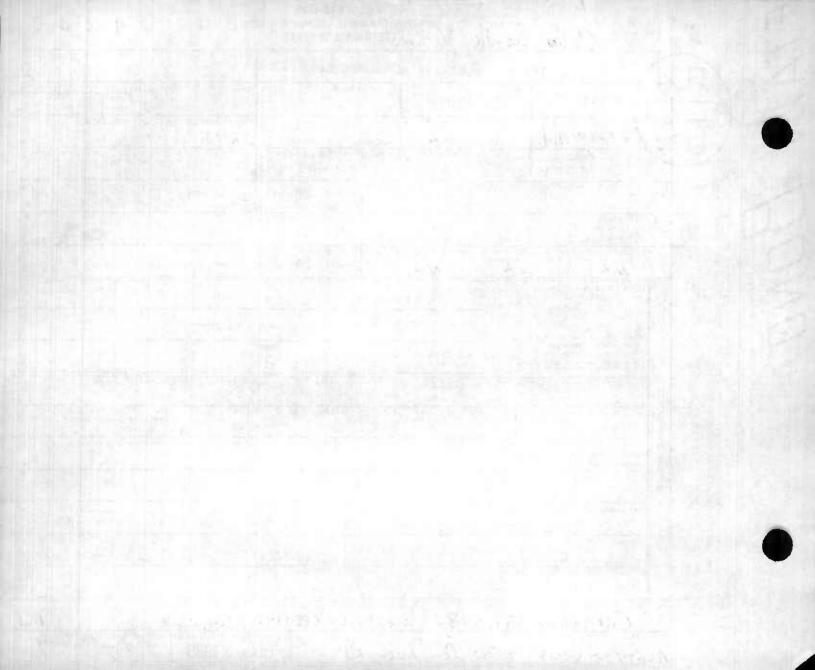
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F. Gasch's Sons P A Hyattsville, Md.

(VR A 15 (4))



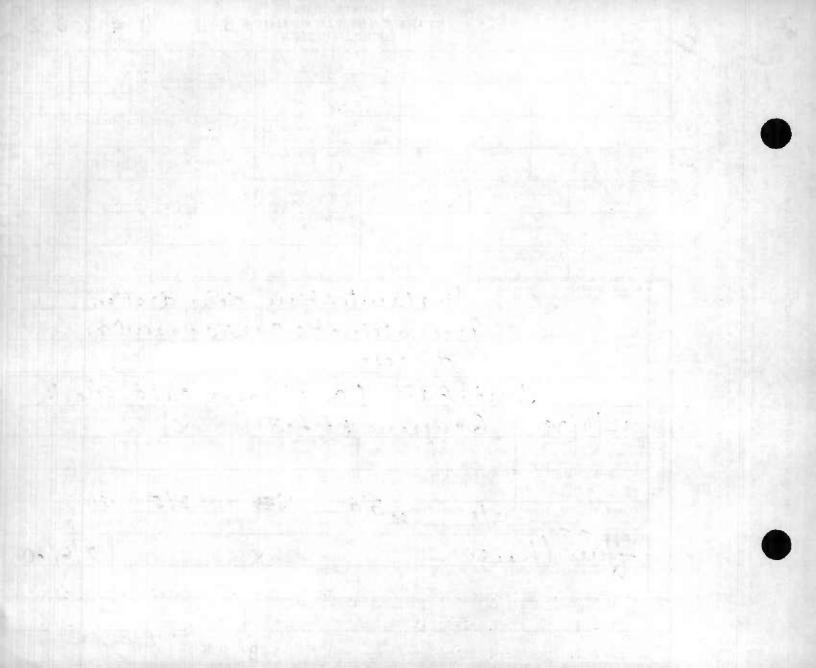
	13	1 -	STATE REGISTRAR COIN	BRAdley VAI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 O	0 4 2	8 0
- 7	100	1. DEC	CEASED NAME FIRST	MIDDLE	1	AST .	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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M		3. SE	MACE.	1. RACE CAUCASIA	S. DATE C		6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
aorth. Po	SE auce	Ja BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH	MD.
of the led will	Sprifted 3	10. CI	BALTIMORE	11. NAME OF HOSPITAL, I (IFNORM SUCH FACILITY, GN BAL		OR OTHER INSTITUTION  CENERALH	12a USUAL OCCUPATI		OF BUSINESS OR
.ND 2120 24 hours filled in by ould be file	and state be	USU, 13a. S	AL RESIDENCE (IFNU STATE	OTHER STITUTION, GIVE RESIDENTY		136 INSIDE CITY LIMITS?		GAI, RIDA	
MARYLAND ed within 24 ampletely filler and 2 should	0 x20	14 FA	THER'S NAME ROBERT	MADDLE LA	AST	15 MOTHER'S MAIDEN NA	ME MIDDLE	Le	SANEP
BALTIMORE, cate be execut ysician and ca	medical	6a ∨ (Y	VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, give		AL SECURITY NO.	ROBERT VA	RNUM. 641,		TBURNIE.
4 ST., BALT certificate k ing physicia	emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIATED)			OUCHONAR	ARRES	APPROX BETWEEN	ONSET AND DEATH
death attendi	traumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	ISEQUENCE OF	PREMA	TURITY		
201 W. PR es that the ned by the please rem	rial, crem ar ather		couse (a), stating the underlying couse last	DUE TO, OR AS A COM		NOT BELLEVIEW TO THE YEAR	District on con-		
	ta bu njury.	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	AG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART TO	01
L RECOR	ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES T	NGS USED S OF DEATH?
JOF VITA SICIAN: Th gg physicio	and Mental Hygie ked or Item 18 sha		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON'	TH DAY YEAR	21c HOW INJURY OCCUR			
/ISION 3 PHYS trendir pr this	realth and Me is marked ar th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TTENDI pital or TOR: A	21 21		22a I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	0 4	19 80 01	nd that in (my) (our) opinion	death accurred on the d	1	that (1) (we) last
At OR A the hos	ote Dept.		22b. SIGNATURE	MJDasai		DEGREE  BBS. ATTENDING [	MEDICAL STA		FIGNED
TO HOSPITAL OF retained by the FTO FUNERAL DIF should be detach	with the State D		DR M J	DESAI.		HOSP- 30	TH BALT	IMORE GE	ALTO
BP	3 &	230 E	BURIAL, CREMATION, REMOVAL SPECIFY CREMATION	236. DATE 215/80		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	LE COUNTY	state md.
DHMH - 16 50M (VR A 15 (4)	*	24. FI	INERAL DIRECTOR NAME ROY HARRIS	4570 PEN	ress Lucy	Rd. FE	e rec'd. by registrar 3 1 5 1980	256 RECOTTERES SIGNA	Prevaly

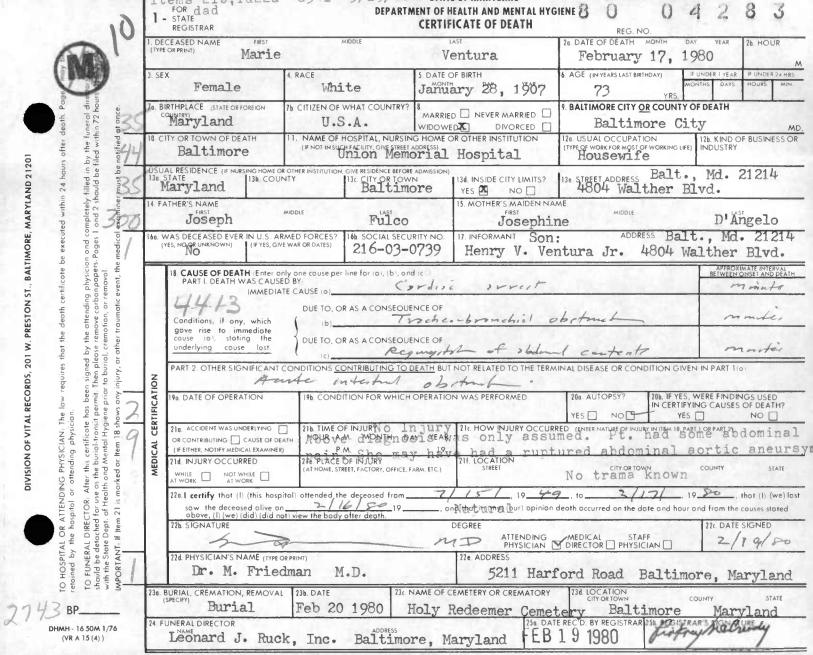


	REGISTRAR			ICAL EXAMIN	ER'S CER	TIFICATE C	F DEATH	REG. NO	) <b>-</b>	40
	PECEASED NAM			WIDDLE	LAST		2a. DA	TE KNOWN X		DAY YEAR
		EAI	RL	G.	VEA	NIE	DEA	TH MATED	2-	5 19 80
3. S	male	4. RACE black	5. DATE OF BIRTH	31 6. AGE (IN YE. LAST BIRTHD)	ARS IF UNDER AY) MONTHS (	YR. IF UNDER	MIN. PRON	ATE OUNCED EAD	2-5	DAY YEAR
7a.	BIRTHPLACE (S FOREIGN COUNTRY)	Va.	76. CITIZEN OF WHA	AT COUNTRY?		NEVER MARR	D.	TIMORE CITY O		
	CITY OR TOWN  Baltim	ore	Lutherar	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) 1 Hospital		ISTITUTION	12a. USUAL OC FOR MOST OF	CUPATION (TYPE WORKING LIFE)	E OF WORK	2b. KIND OF BU OR INDUST
13a.	STATE Md	113b COL	NE OR OTHER INSTITUTION, GIVE JNTY	Balto.	13d.	NSIDE CITY LIMITS?	130. STREET AD	Deniso:	n St.	
14.	FATHER'S NAM Thoma	S	MIDDLE	eanie	15. A	Alice	NAME	MIDDLE	Cri	ımbley
160	WAS DECEASE (YES, NO, OR UNKNO NO	D EVER IN U.S. A	ARMED FORCES? IVE WAR OR DATES)	166. SOCIAL SECURITY 227-30-7		NFORMANT Alice V	'eanie	ADDRESS 748 I	-71-	son St
		ins, if any, which	ch	S A CONSEQUENCE (	OF	1				
z	couse (o lying car	) stating the <u>unde</u> use lost.	< '	S A CONSEQUENCE O		ONDITION GIVEN IN PA	ŘΤ 1 (α).			
IFICATION	couse (o lying car	) stating the <u>unde</u> use lost.	DUE TO, OR A:  (c)  NS CONTRIBUTING TO DEATH BU		INAL DISEASE OR CO		RT 1 (α),			20. AUTOPSY
CALCERTIFICATION	PART 2 OTHER S	) stating the <u>under use lost.</u> IGNIFICANT CONDITION  F OPERATION  AL CAUSE WAS	DUE TO, OR A.  (c)  NS CONTRIBUTING TO DEATH BU  19b. CONDITIC  21b. TIME OF II  HOUR A.M.	T NOT RELATED TO THE TERM ON FOR WHICH OPER	ATION WAS PE	RFORMED?		DF INJURY IN ITEM 18 P	PART I OR PART	YES K
MEDICAL CERTIFICATION	PART 2 OTHER S  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI 21d IN JURY C	) stating the <u>underselect</u> use lost.  IGNIFICANT CONDITION  F OPERATION  AL CAUSE WAS  G OR  NG CAUSE O	DUE TO, OR A:  (c)  NS CONTRIBUTING TO DEATH BU  19b. CONDITIC  21b. TIME OF II  HOUR A.M.: P.M.	T NOT RELATED TO THE TERM  ON FOR WHICH OPER  NJURY MONTH DAY YEAR  19  INJURY (AT HOME.	ATION WAS PE	RFORMED?	D LENTER NATURE C	OF INJURY IN ITEM 18 P	PART I OR PART	YES K
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230.	PART 2 OTHER S  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a. I certi death result ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRI	IGNIFICANT CONDITION  F OPERATION  AL CAUSE WAS GOOD COURSE OO COURSE OO COURSE OF WHILE AT WORK  of that I took cho sed from: Not well from: Not which we will be compared to the course of the cours	DUE TO, OR A  (c)  NS CONTRIBUTING TO DEATH BU  19b. CONDITION  21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF STREET, FACTOR  argarita A.	T NOT RELATED TO THE TERM  ON FOR WHICH OPER  NJURY MONTH DAY YEAR  19 INJURY (AT HOME.  19. FARM, ETC.)	ATION WAS PER 21t. HOW IT STREET Autopsy. Autops	NURY OCCURRED  Inspection  Homicide ,  ITLE (SPECIFY)  SSISTANT	D LENTER NATURE C	oiry , one d monner ,	d in my opin	YES <b>X</b>

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1		CEASED NAME FIRST	WIDDIE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
A Mai		John	Wenceslaus	Velen	ovsku	February 5, 1	980	M
F. English	3 SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
A DE		Male	White	Jan.	3,1890 YEAR	90 YR	MONTHS DAYS	HOURS MIN
P Pop 9		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	JNTRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COU		
52 53		Md.	USA	WIDOW	-	City		MD
11 7	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPATION		OF BUSINESS OR
3 300	7	Baltimore	(IF NOT IN SUCH FACILITY, G			Ret. Carpente		
5 8 8	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION	AND INCOME CITY I DUTES			
# B	3	Md.		imore	YES X NO	13e. STREET ADDRESS 2520 Albion A	venue	
2 3 4 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14 F/	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
and and		Wenceslaus	Velenovs	AST Sk17	Mary	MIDDLE Bar	LAS	П
s l cor		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	011	
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a v o					MIS. Mary V	elenovsky sam		IMATE INTERVAL
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cor n, or moti		4070	DUE TO OR AS ACO	NSEQUENCE OF	and he co	ud'o vasc	1.000	
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signed ien ple burio ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT		AINAL DISEASE OR CONDITION	GIVEN IN PART 10	2
in Th	- E	190 DATE OF OPERATION	196 CONDITION FOR	ant	carcin		YES, WERE FINDIN	105 11550
perm ne pr ws or	CERTIFICATION	12/11/79	TVB CONDITION FOR		DL LOT	INCE	RTIFYING CAUSES	OF DEATH?
0 0	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	frene	121, HOW IN TURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES	NO 🗌
		OR CONTRIBUTING CAUSE OF D			216. HOW INJURY OCCUR	KED (ENIER NATURE OF INJURY IN TIEM	18, PART I OR PART 2)	
s certification of the second	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 21e PLACE OF INJURY	19	211, LOCATION			
this he b	AE C	WHILE NOT WHILE	(AT HOME, STREET, FACTOR)		STREET	CITY OR TOWN	COUNTY	STATE
orke		AT WORK AT WORK		130	172.00	2 7/~	0/1	
R: A use Heol		220.1 certify that (1) (this has	7//	111	1000	, to	19 00	that (I) (we) lost
CTO I for of 1		sow the deceased alive a above, (1) (we) (did it	nat view the body after deat	19_ <b>&amp;C</b> , 8	nd that in (my) (our) opinion	death occurred on the date and	haur and from the	causes stated
DIRE Dept.		22b. SIGNATURE	٨		DEGREE		22c. DATE	SIGN
_ + o _		Hamil	hacter	>	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2	6/80
FUNERAL uld be det to the State ORTANT:		22d. PHY ICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			1
should be de with the Stat		Vana 7 V	Contton M D		7600 0-1-	m Dudom Dalti-	W.	21204
ohs div	23a	BURIAL CREMATION, REMOVA	Coetter M.D.	23c. NAME OF C	EMETERY OR CREMATORY	r Drivr Baltim		
		SPECIFY)				Baltimore	COUNTY	STATE
	24 F	Burial UNERAL DIRECTOR	Feb.9,1980		ly Redeemer	TE REC'D. BY REGISTRAR 25b. BA	SISTRAR'S SISMAT	ORE /
I - 16 50M 1/76 R A 15 (4) )		Leonard J. Ruc		ORESS Man		1000	Mary /	ready
	_	Leonard U. Ruc	A IIIC. Baltill	ore, Mari	Jianu   FE	טטטנים ט.		

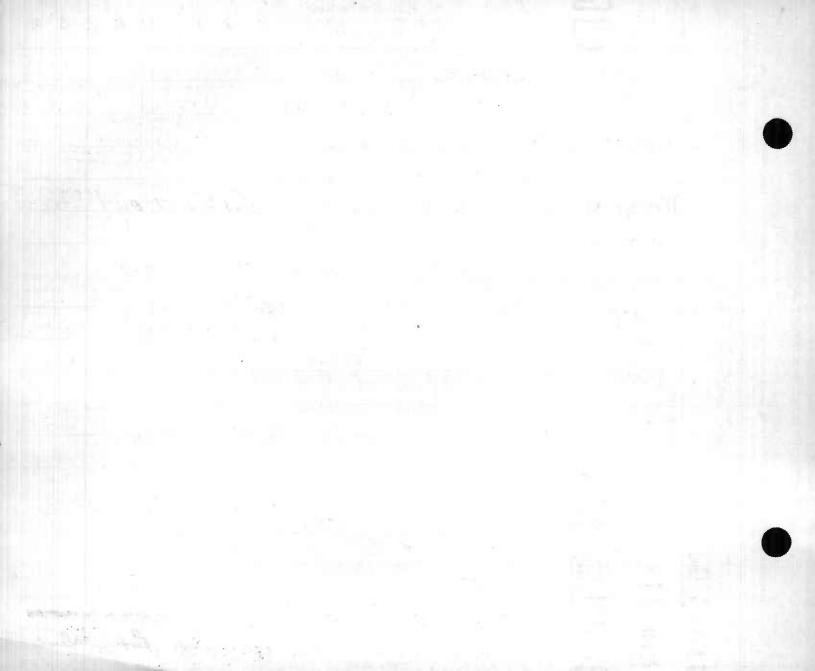




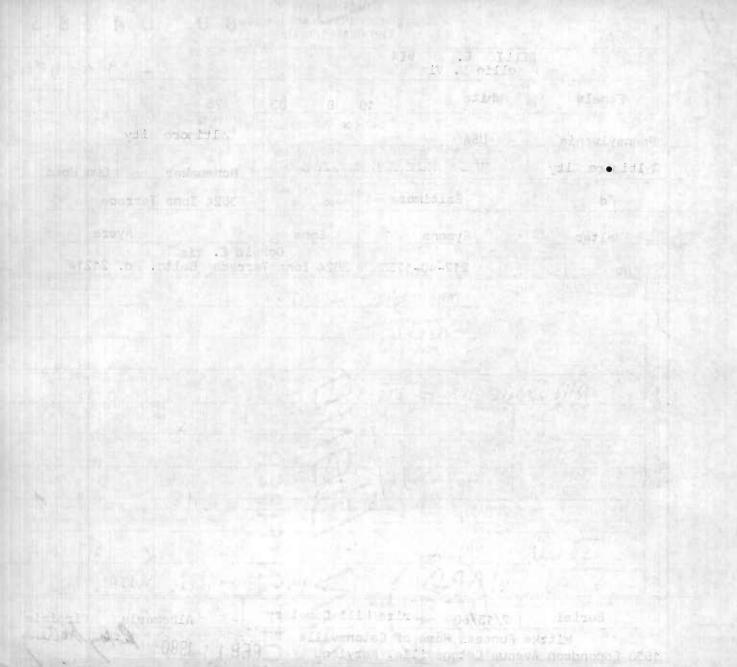
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME NELLIE VIA 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 80 59 Nellie E. Via 4 RACE 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FUNDER 24 HRS MONTH YEAR White Female 10 3 03 76 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City USA Pennsylvania WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City PRESTON ST., BALTIMORE, MARYLAND 21201 Homemaker Own Home JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 130 STATE 13b COUNTY Baltimore 13d INSIDE CITY LIMITS? Md 3024 Iona Terrace YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Myers Walter Symons Emma ViaDDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Donald E. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto. Md. 21214 217-40-1253 3024 Iona Terrace No AFPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), b, and c PART I. DEATH WAS CAUSED BY INFARCTION MYOCARAIAE IMMEDIATE CAUSE TO DUE TO, OR AS A CONSEQUENCE OF MSCV1 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20h IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? be NOV YES [ NO [ Hygin 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 IN LOCATION 21¢ PLACE OF INJUR' 8 0 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTOR arked WHILE NOT WHILE 2 2 20 220.1 certify that (1) (this hospital) attended the deceased from_ 2/9/ saw the deceased alive on _____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL STAFF should be deto with the State [ IMPORTANT: If DIRECTOR | PHYSICIAL PHYSICIAN 22d. PHYSICIAN'S NAMENT OF OR PRIN 22e ADDRESS NOINN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Prize Hill Cemetery Burial 2/13/80 Virginia Albemarle 250. DATE REC'D. BY REGISTRAR 25b. REC 45 24 FUNERAL DIRECTOR Witzke Funeral Home, of Catonsville DHMH - 16 60M 1/75 1981 (VR A 15 (4)) 1630 Edmondson Avenue Catonsville, Maryland

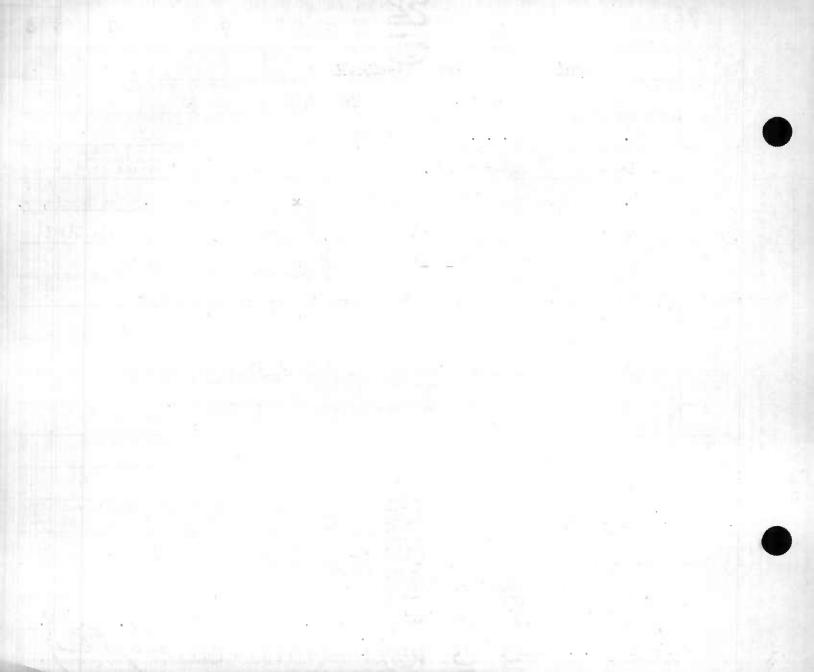


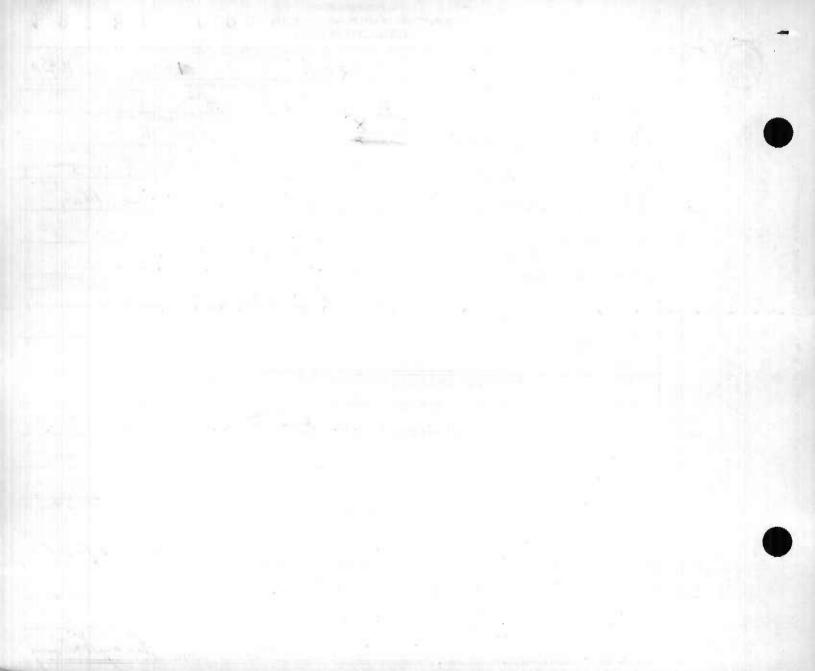
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and a to the same				

	REGISTRAR  DECEASED NAME FIRST ITYPE OR PRINT)	MIDDLE	WAKIN	20. DATE KNOWN THE MONTH	YEAR Zb. HOUR
	JOSEPH		VERNENO .	DEATH MATED 2	18 ₁₉ 80 _M
3. 5	SEX 4 RACE 5. D	OATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY		PRONOUNCED	DAY YEAR 54 B.BR
L	male white	2-10-1910 70 YRS		DEAD 2  9. BALTIMORE CITY OR COUNT	18 19 80 P M
10	FOREIGN COUNTRY)	0, 5	MARRIED NEVER MARRIED	_	
1	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME,	OR OTHER INSTITUTION AND U	Baltimore City SUAL OCCUPATION (TYPE OF WORK	
	Baltimore 1	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 231 W. Baltimore St	reet	OR MOST OF WORKING (IFE)	Const Guard
US	SUAL RESIDENCE (IF IN NURSING HOME OR OTH a. SEATE) 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY CIMITS? 13e ST	TREET ADDRESS .	21223
	The !	Geelenen	V YES W NO 1	31 W. Wallen	ne et.
14.	I. FATHER'S NAME	DDLE LAST .	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
160	So, WAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY	NO. IT INFORMANT	BLANDRISK THE S	1 etc. Van 3 42 19
1	TYES, MO OR UNKNOWN) (IF YES, GIVE WAR O		68 Jackie Vakin	- 417 Wood are	P.O. B. 199
=		e cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:		monoxide intox	ication	
	7867	DUE TO, OR AS A CONSEQUENCE O	F		
	Canditians, if any, which gave rise to immediate	(b)			
	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
	17 119 00000 1031.	(c)			
1		RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
4710	190. DATE OF OPERATION  710. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
191	IFIC				YES X NO
	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (ENTE	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	RT 2)
		TH P.M. MONTHODAY YEAR	gas stove bu	rner left on bu	rning
1	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 214. INJURY OCCURRED WHILE NOT WHILE M	21e. PLACE OF INJURY (AT HOME,	21f. LOCATION	CITY OR JOWN COL	UNTY STATE
1	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	1231 W. Baltim	ore St., Balto	.,Md.
4		the remains described above, held an	Autopsy X, Inspection ,	, Inquiry , and in my ap	inian
1	death resulted fram. Natural co			determined manner ,	
1	1 1/2	a (1)	TITLE (SPECIFY)	A SECOND	0 10 00
	ACTUAL SIGNATURE	L Vone youl	M.D. Assistant MI	EDICAL EXAMINER SIGNE	2-19-80
		rita A. Korell, M.D.	111 Pe	nn Street	
2	EXAMINER'S NAME Margar				
2	(TYPE OR PRINT) Margai			LOCATION	
2 23	(TYPE OR PRINT) MATGAT  36. BURIAL, CREMATION, REMOVAL 23b. D			LOCATION ITY OR TOWN	The STATE
2 23	(TYPE OR PRINT) Margai			G.4.60.	I had.

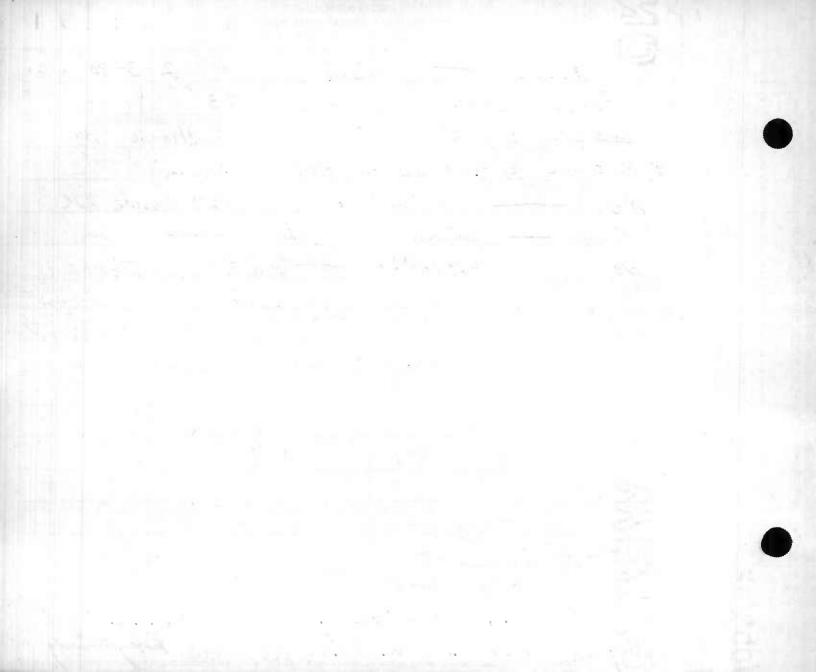
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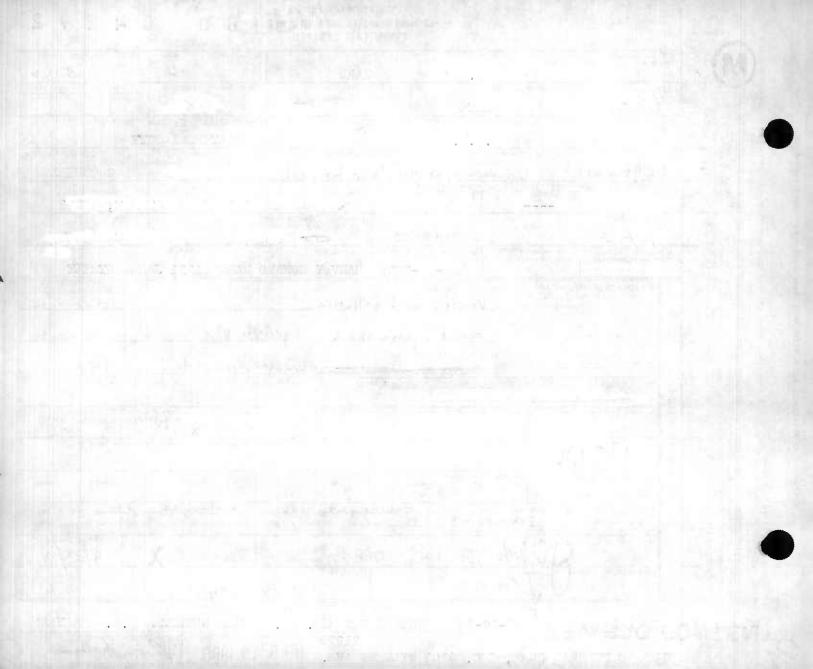


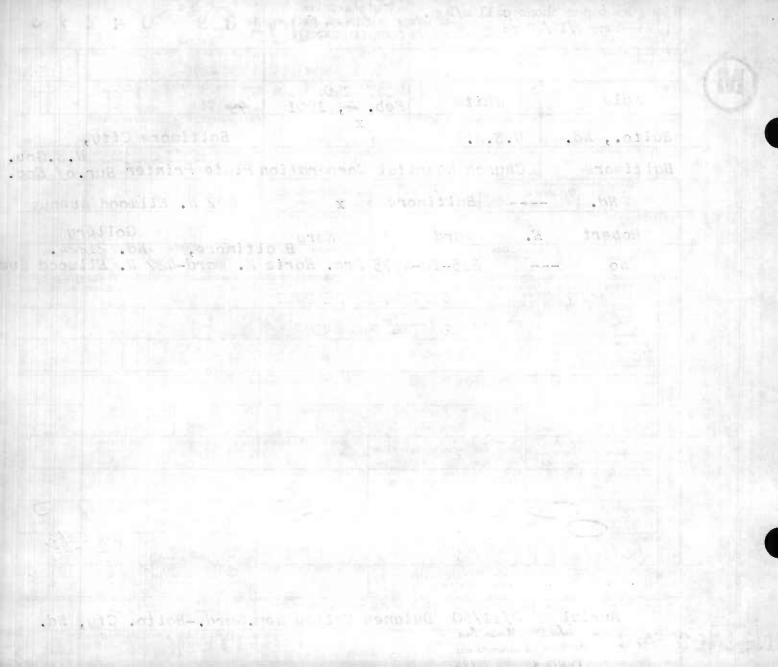
63	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAI	ENTAL HYGI	IENE 8 0	0	4	2	90
/-		REGISTRAR				ICATE OF DE	EATH	R	REG. NO.			
	1 DE	CEASED NAME FIRST OR PRINT;	10 0	MIDDLE		AST	- V	2a DATE OF DE		DAY	YEAR	26 HOUR
1		ANNA	1	MARGARET		WARD			2	२२	80	5:45 am
1 (M)	3. SE	EMALE	CAUC.	ASIAN	S DATE O		VEAR 02	6. AGE (IN YEARS)	78	MONTHS	R I YEAR	HOURS MIN
leath. o		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	ARRIED	9 BALTIMORE	IMORE			MD
s offer de sy the fur iled within		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREE	NG HOME ( T ADDRESS)	OR OTHER INSTIT	TUTION	126 USUAL OCC (TYPE OF WORK FOR HOUSEW	MOST OF WORKIN	G LIFE) 12b	DUSTRY	F BUSINESS OR
filled in I	130. 9	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION		RE ADMISSION)	136 INSIDE CIT		13e. STREET ADD		FTON	/ B	LVD.
completely 1 and 2 sh	14. F.A	THER'S NAME FIRST  FROM FE	WIDDLE	LAST KENN	ER		MAIDEN NAM RST [HILDA	MI	DDIE	Z	LAST	
		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	166 SOCIAL SEC		17 INFORMAN	١T		ADDRESS		- 17	
BALTIMOR	- '	NO		217-05	-5188	GEORGE	F. WAR	RD 2434	HARRIE			E,21230
w requires that the death certi-	TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  MALNUTR)  190 DATE OF OPERATION	DUE TO, O	ROM PRO	ENCE OF ADE	NOCARO NOTRELATED TO	LINOMA TO THE TERMI SEASE	<b>9</b> INAL DISEASE OF	R CONDITION (	GIVEN IN I	PART Ho	
The low ricion.  The hos be ricion.  The hos be ricion.  The hos be ricion.	CERTIFICAT	1/25/80		VENTRAL HERWIA			200. AUTOPSY?  YES NO NO YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO NO			OF DEATH?		
SICIAN: The paysicion certificate I certificate I certificate I certal Hygie I fem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.	.M. MONTH D .M.	AY YEAR			ED (ENTER NATURE	OF INJURY IN ITEM	IB, PART I OR	PART 2)	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir  of of the order of the control of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	N	CITY	OR TOWN	cou	YINI	STATE
AL OR ATTENDI the hospital or the DIRECTOR: A leftoched for use the Dept. of Heal		220.1 certify that (I) (this hasping the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	FEB  ti) view the body	y after death.	90 0	DEGREE AT Pt 22e ADDRESS	TENDING HYSICIAN	, to FE death accurred or  MEDICAL DIRECTOR I	STAFF PHYSICIAN	haur and f	R. DATE S	SIGNED 22/80
TO HOSPIT. retoined by TO FUNER. should be a with the Str	23a F	MARCO B	AQUER 1236. DATE		NAME OF C	SOUT EMETERY OR CE		123d LOCATIO		N. H	057	>,
102 BP	(	BURIAL	02-25			VEN MEM.		CITY OR TOV	BURNIE	COUNTY		STATE
DHMH - 16 50M 1/76		INERAL DIRECTOR	102-23			1229	250. DATE	REC'D BY REGI	STRAR 25b. RED	A. A	SIGNAT	Credy
(VR A 15 (4))	н	UBBARD FUNERAL	HOME, I	NC. 4107			FE	BZDI	380			

THE PART AND THE PARTY OF THE P 1.62 8 1980 List (146.7) 



HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE.





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7	THE PARTY OF	REGISTRAR		MEDICA	AL EXAMINER'S	CERTIFICATE C	OF DEATH	REG. NO.	Gred .	
		1. DECEASED NA	ME FIRST	MIDD	LF	LAST	20. DATE KN	OWN X MONTH	DAY YEAR	26 HOUR
	SE SS. SS.	[TYPE OR PRINT]	JACKIE	L	. W	ARE, JR.	OF E	2511-	10,980	M
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS . IF	UNDER 1 YR. IF UNDER		MONTH	DAY YEAR	7 HOUR
	ARY, PLEASE DIRECTOR JR FILES HOURS STREET	male	black	12/18/6°	B 16 YRS.	NTHS DAYS HOURS	MIN PRONOUNC! DEAD	^{ED} 2	10 19 80	a _M
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	AOG HISTOR	Balti	more	St. Agnes	Hospital		Student		Schoo.	
	R C C C	USUAL RESIDENCE 130. STATE	E (IF IN NURSING IN E OF	OTHER INSTITUTION, GIVE RESID	DENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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0.5		14. FATHER'S NA	ME			15. MOTHER'S MAID			LAST	
×	DEATH AND SES 1.	FIRST	ckie L.	Ware Sr.	LAST	FIRST			LASI	
ORE	FTER DE FORM FORM ON OF	160 WAS DECEA	SED EVER IN U.S. ARM	NED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	sa De	ADDRESS		
BALTIMORE, MD.	AFTER NE PA H FOI GES 1	No.	NOWN) (IF YES, GIVE V	VAR OR DATES)		Jacki	e L. Ware	Sr. S	/A	
BAL	URS AFT WITH F WITH F DIVISION		OF DEATH (Enter call	y ane cause per line far (a	\ (b) ==d (-) \				APPROXIMAT	E INTERVAL
	AMIT.	PART I	DEATH WAS CAUSED	nv	methyl sal	voilato int	ovication		BFTWEEN ONSE	T AND DEATH
W. PRESTON ST	ALON PER GIEN	190	ATT IMMEDIATE	L CHOSE (d)	CONSEQUENCE OF	ycriate int	DAICALION			
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30	SECUTOR ON O			(c)						
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	ST O ST ST	220. l ce	ertify that I taak charge	e of the remains described	abave, held an Aut	apsy X, Inspectio	n . Inquiry L	, and in my	apinian	
	EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE	death res	ulted fram: Nature	al causes, Accid	tent , Suicida	Hamicide .	Undetermined mann	ner 🔼,		
	XA EERT LD DIRE WITH		1/1	in Dack	11	TITLE (SPECIFY)				
	AL EXAMINE CER HOULD AL DIR	SIGNATUR	E MUCH	to Which	nells	M.D.Assistani	MEDICAL EXAMIN	DAT!	ED 2-10	-80
	SEAT SEATON		0	V						
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.	EXAMINER (TYPE OR F	RINT) Ma	rgarita A.	Korell, M.D	_ADDRESS11	Penn Stre	et		
	PAG AFT BALL	230.BURIAL, CREA	MATION, REMOVAL 23	b. DATE	23c. NAME OF CEMETERY		23d. LOCATION		YTALK	TATE
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104	DHMH - 17	74 FUNERAL DIE	ECTOR			25g, DATE	REC'D. BY REGISTRAR	256. POISTRAR'S	SUNATURE	
	(VR A15 ME (5))	Char	les A. Ri	ce 1300 E	utaw Place	FE	31 4 1980	perfory,	Kalresdy	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ? - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIODIE DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) Catherine ATNET SEX 6 AGE (IN YEARS LAST BIRTHOAY) 5 DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 MAS MONTH VEAR HOUR5 Female White 1895 In BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. Baltimore City WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Lutheran Hospital Housekeeper DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Baltimore 3000 Clifton Ave 21216 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stewart Clemment Virginia Warner ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mr. Edward Johnson (as above) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ja), (b), and ic PART I. DEATH WAS CAUSED BY: Mygcardial vour. Pai lein DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NO [ Mento! Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ma * M.D ATTENDING MEDICAL 2.20-80 should be deto with the Stote DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SAPSIRI M.D. hutarran Hospital SUJETA 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE 2/23/1980 Burial Loudon Park Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 DHMH - 16 50M 1/76 Truman Schwab 3512 Frederick Ave. (VR A 15 (4))

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	REGISTRAR CEASED NAM PE OR PRINTS	AE FRST		MICAL EXAMI		AST		DATE KNOWN		DAY TRAR	76.
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fa!	HRTHPLACE (	STATE OF	76 CITIZEN OF WH	AT COUNTRY?	A MARRIE	D NEVER MAR	RRIED X	BALTIMORE CITY	OR COUNT	TY OF DEATH	
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	AL RESIDENCE	(# IN HUSSING YOM) O	OR OTHER INSTITUTION, GIV	ISL CITY OR TOWN	SSION!	THE PASIDE CITY LIMITS	1136 STREE	TADDRESS			
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164	WAS DECEASE YES, NO, OR UNKNO	OWN       F 123. GOT	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRES	55		
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	PART 2 OTHER S  19a DAYE O  21a EXTERN UNDERLYIN CONTRIBUT 21a INJURY WHILE AT WORK  22a Leer deoth resul	FOPERATION  ALCAUSE WAS OCCURRED  NOT WHILE AT WORK  Ind from Mutu	THE CONDIT	INJURY MONTH DAY YE OF BUJURY (AT HOME. OR JABOL (TC.)	All Str. HO	AS PERFORMED?  OW INJURY OCCUR  CATION  HEET  Homicide   TITLE (SPECIPY)	tion .	Inquiry	co and in my of ],	YES TO	
	PART 2 OTHER :  10a. DATE O  21a. EXTERN UNDERLYIN CONTRIBUT 21a. INJURY WHILE AT WORK  72a. I cert death resul	FOPERATION  ALCAUSE WAS OCCURRED  NOT WHILE AT WORK  Ind from Mutu	THE CONDIT	INJURY MONTH DAY YE OF BUJURY (AT HOME. OR JABOL (TC.)	All Str. HO	AS PERFORMED?  OW INJURY OCCUR  ATION  HEET  Homicide	tion .	Inquiry	co	YES TO	
	PART 2 OTHER S  19a DAYE O  21a EXTERN UNDERLYIN CONTRIBUT 21a INJURY WHILE AT WORK  22a Leer deoth resul	F OPERATION  AL CAUSE WAS  G GOR ING CAUSE OF  OCCURRED  NOT WHILE AT WORK  Inter the there  In the	THE CONDIT	INJURY MONTH DAY YE OF BUJURY (AT HOME. OR JABOL (TC.)	All 114. HO 211. LOC 11 Autops 5uicide	AS PERFORMED?  OW INJURY OCCUR  CATION  INSEE  Homicide   TITLE (SPECIFY)  Deputy C	tion .	Inquiry	co and in my of ],	YES TO	
MEDICAL	PART 2 OTHER S  19s. DAYE O  21s. EXTERN UNDERLYIN CONTRIBUT 31s. INJURY WHILE AT WORK  72s. I cert death resul ACTUAL SIGNATURE EXAMINERS ITYPE OR FR	F OPERATION  AL CAUSE WAS  G GOR ING CAUSE OF  OCCURRED  NOT WHILE AT WORK  Inter the there  In the	THE CONDIT	ION FOR WHICH OP  INJURY MONTH DAY YE  19  OF BIJURY (AT HOME.  OR JAMM, ETC.)  Calibert above, Meld on  Accident	All 116. HO 211. LOC 11 Autops Spicide	AS PERFORMED?  OW INJURY OCCUR  CATION INSPEC  Homicide  TITLE (SPECIFY) Deputy C  ADDRESS 111	tion .  thicker  Chicker  Penn S	enguiry	ond in my of	ves to very pinion 2/14 MD.	

1 10 ov section III and a com-

		STA	TE OF MARYLAND			
1 - STATE REGIST	RAR	DEPARTMENT OF CERT	HEALTH AND MENTAL HYGI	ENE 8 0	0 4 2	98
I DECEASED ( (TYPE OR PRINT)	NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 2	HOUR 26
y be eath	KlehARd	WA	RWICK	2	-5-80	8 AM
ector, pa ector, pa safter d	Ale Bla	ck S DATE MO	OF BIRTH  DAY  YEAR  29 1897	6. AGE (IN YEARS LAST BIRTHDAY		HOURS MIN
7e BIRTHPLAC	E (STATE OR FOREIGN 76 CITIZEN O	F WHAT COUNTRY?	IED NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH	
10 North	CARolina U	VOOIN - N.Z.	VED DIVORCED	BAHIMOE	ee City	MD.
\$20 a		FHOSPITAL, NURSING HOME UCH FACILITY, GIVE STREET ADDRESS! ette. Sellippe	.)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	BUSINESS OR
USUAL RESIDI	NCE (IF NURSING HOME OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFORE ADMISSIO	N)	7	CEAL	
WASA WHITE OF THE STATE	136 COUNTY	BAltimore	134. INSIDE CITY LIMITS?	2005 Ce	cil Aven	4 0
A SE SE IN FATHER'S N			15 MOTHER'S MAIDEN NAM	E		
A dal de la	homas Middle	WARWICK	FILA	MARSI	e (maxi	010)
W S DEC	EASED EVER IN U.S. ARMED FORCES		17 INFORMANT	ADDRESS	- Chore	
the on 'sak)	UNKNOWN)   IF YES, GIVE WAR OR DATES)	082-05-575	n Louise Cool	Ke 4229 To	APNAWO	
Personal III	SE OF DEATH (Enter only one cause p	er line for (a), (b), and (c).	1- 11	. 0	BETWEEN ON	SET AND DEATH
St., cert cert rem	IMMEDIATE CAUSE (a)	Alevosel	notic Hear	+ Disease	· Mary	year.
Conding and the standard and the standar	DUE TO.	OR AS A CONSEQUENCE OF	1- Note 1	1.191.	H Q.	
	ons, if any, which (b).	Hen	u Myrcard	na mjo	neva ju	medit
		OR AS A CONSEQUENCE OF			12	
o riels	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	IT NIGHT BELATED TO THE TERMIN	LAL DISCASS OR CONDITION	ONL CINCOL IN DARK N	
NO	OTHER SIGNAFICATOR CONDITIONS	CONTRIBUTION TO DEATH BE	STROT KETATED TO THE TERMI	VAL DISEASE OR CONDIT	ON GIVEN IN PART 1181	
DIVISION OF VITAL RECORDS,  Ittending physician.  After the burial-transit permit. Then see the burial-transit permit. Then marked or Item 18 shows any in marked or Item 18 shows any in MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	E OF OPERATION 196 CON	DITION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDING	SS USED
VITAL REC.				YES NO	CERTIFYING CAUSES O	NO [
SICIAN Aysician.  SICIAN Aysician.  SICIAN Aysician.  SICIAN AYSICIAN AYSICIAN AS A CERT AS A CE		OF INJURY A.M. MONTH DAY YEA	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
HYSIC physical inscertifical-transfer or Item or Item of Item	middling Charles of Beating	P.M. 19				
VISION OF  INING PHYSI  INING PHYSI  INING PHYSI  INING PHYSI  MEDICAL  MED	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DING IT After Mark Mark	NOT WHILE					
220 L co	rtify that (I) (this hospital) attended	the deceased fram	)-19-19/			at (I) (we) last
opo en copo	the deceased alive anive, (I) (we) (did) (did not) view the bac	ly after death.	and that in (my) (aur) apinion de	eath accurred on the date of	and haur and from the co	uses stated
	NATURE C.A.	1 0	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SE	GNED (%)
PITAL by the ERAL State E ANT:	Man	- tu	PHYSICIAN D	DIRECTOR   PHYSICIAN	10 2-1	- 80
HOS SHIP SHIP	AURAT Y	KHAN	223 Ear	tern Blu	of Ball-	MD.
C SPECIFY)	REMATION, REMOVAL 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	236. LOCATION CITY OF TOWN	COUNTY	STATE
BP	Burial 2/9/	1980   King A	Memorial Park	Baltimore (	Co., Marylan	
DHMH-16 25M	DIRECTOR	ADDRESS	25e. DATE	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATUS	
(VRA 15, 4) 1/79 Wm.	C. March F/H 1101	East North Av	renue FE	3 1 3 1980	Brother / Mach	way

Morese [ 5 Course Cooke 4229 Townson

					STATI	OF MARYLA	ND				
	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H CERTIF	EALTH AND N		0 0	. NO.	4 2	9 9
		CEASED NAME FIRST	N	AIDDLE	1	AST	100	26. DATE OF DEATH		DAY YEAR	2h. HOUR
ath ath	(TTPE	GEORG	E M.		WASHIN	CTON I	TR.		02	18 80	10:028
de d	3 SE	The second secon	4 RACE	100	5 DATE C	FBIRTH	Asserted to the	6. AGE IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Negi	co	MONTH 2	18	80		YRS.	MONTHS DAYS	HOURS MIN
13/10	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		RY? 8	NEVER M		9 BALTIMORE CIT	OR COUNTY		
0-435		Maryland	USA	A	WIDOWE		ORCED	Balti	more	City	MD.
Se no	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NUE	RSING HOME C	R OTHER INST		12s. USUAL OCCUP	ATION STOF WORKING LIF		F BUSINESS OR
5/	P	altimore AL RESIDENCE (IF NURSING HOME OR	Mer	су но	spital			N/A			
examiner mu	13a S	MD	ITY	Balti	OWN	134. INSIDE CI	TY LIMITS?	13 STREET ADDRES		r St	
теха	14 F A	THER'S NAME				15 MOTHER'S		ME			
350		George M.	Ma Wa	shing	ton Sr		ila	MIDDL		Coo	
med	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL S		17 INFORMAL		AD	DRESS	200	<u> </u>
the t		res, no or unknown) (If yes, give	WAR OR DATES)	N/	a	Daula	Cook	1603 E.	Fager	S+	
event,		18 CAUSE OF DEATH (Enter on				rauta	COOK	1005 Б.	rader	- APPROXI	MATE INTERVAL
emove carbon pa emation, or rem other traumatic		PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gave rise to immediate couse (o), stating the	DUE TO, OF	RASM CONSE	withera	x i	Respire	stry Ac	idosis		
burial, cr		underlying cause lost  PART 2 OTHER SIGNIFICANT C	(c)	M.e.	contain	ASP NOT BELATED	TOTHETERM	LINAL DISEASE OR C	anothe GIV	EN IN PART 116	21
0 >	NO.	CAIC	1 do	1110	<u> </u>		TO THE TERM	WAL DISEASON C	or on	E. , 8 , ( A., ) ( )	
swoys 9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	700 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
Item 18	1 -	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			DAY YEAR	21c HOW IN.	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18, F	ART I OR PART 2)	
	Ş	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P /		19	ZII LOCATIO	NA.				
marked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	, N	CITY OF	TOWN	COUNTY	STATE
=		220.   certify that (1) (this hospi sow the deceosed alive of above, (1) (we) (did) (did no	oil attended the	e deceosed fro		2-18 nd that in (my)	(our) opinion	death occurred on the	e dote and hou		that (1) (we) last couses stated
ould be detached for use the State Dept. of Hea PORTANT: If Item 21 is		above, (11 (we)   did) (did no	1) view the body	after deoth.		DEGREE	TTENDING _		STAFF _	22c. DATE	SIGNED
State TANT		224. PHYSICIAN'S NAME (TYPE O	PRINT!	any		220 ADDRESS	PHYSICIAN [	DIRECTOR   PH	SICIAN [	12-1	1-00
should be detaction the State IMPORTANT:		Kee '	saugh			M	ercy	1488	ital		
n 5 =	230	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	100000000000000000000000000000000000000		73c NAME OF C			23d. LOCATION CITY OF TOWN		COUNTY	STATE
			2/22/	80	Cedar	Hill (	Cem.	Baltin	nore	DADIS SIGN	MD
1-16 25M 5, 4) 1/79		m. C. March	F/H	1101 E	. Nort	h Ave	. F	EB 2 1 198		1/2	tready

MATERIAL DESIGNATION OF THE STATE OF THE STA

		FOR		OF MARYLAND EALTH AND MENTAL HYGI	ne Financia	0 4 3 0 0
4	1 -	STATE REGISTRAR		CATE OF DEATH	REG. NO	
noy ee		CEASED NAME FIRST	MIDDLE /// ASHINA	STON	20. DATE OF DEATH A	AONTH DAY YEAR 26 HOUR
	3. SEX	MAIF	RACE S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
rtol director 72 hours off		RTHPLACE (ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIED	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
ifter death. the funeral	10 CI	TY OR TOWN OF DEATH 11	WIDOWE  NAME OF HOSPITAL, NURSING HOME O  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (Type of Work for Most of	DN 126 KIND OPBUSINESS OR WORKING LIFE INDUSTRY
	USUZ	SALTO, AL RESIDENCE (IF NURSING HOME OR OT)	ST. AGNES HOSPIT	AL		SANITATION
LAND 215	13a S	TATE (136 COUNTY	BALTO.	YES NO 🗆	3030 SOU	THLAND AVE
MARYLA ed within mpletely ond 2 sh	14 FA	THER'S NAME FIRST AND	DIE /// DYWING TOO!	15. MOTHER'S MAIDEN NAM	E MIDDLE	MC CLURE
e executed n and com Poges I o medical ex		(IF YES, GIVE W)		17 INFORMANT	ADDRE:	
ST., BALTIN			ane cause per line far (a), (b), and (c)	EVANGELINE U	PASHINGTON .	3030 South AND  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., BL th certifical anding physicarbanopap or remanonatic event,		IMMEDIATE C	AUSE (a) SANDICIALITACE	haemorria	ge	
PRESTO! he death he attend emove co mation, a		Canditians, if any, which gave rise to immediate	Ib) Uncontrolled	hypertineio	Ŋ	
that the day the ease remon, cremon, or other tr		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	01		
RDS, 201 W. PRESTON equires that the death ce in signed by the attending. Then please remove carb to burial, cremation, or to burial, cremation, or an injury, an other traumatic	N O	PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PART 1(a)
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \subseteq \text{NO} \subseteq \text{NO} \subseteq
ON OF VITAL R HYSICIAN: The Is dding physician. is certificate has burial-transit per Mental Hygiene or Item 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE		
2 166-	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
Q a 4 9 a £		220.1 certify that (I) (this haspital	3 6 / / / /	2/1) 1985	to 21	te and haur and from the causes stated
		saw the deceased alive an abave, (I) (we) (did) (did nat) v 22b. SIGNATURE	iew the body ofter death.	DEGREE		22c. DATE SIGNED
TAL By the State State State		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	ATTENDING PHYSICIAN D	MEDICAL STAF	IAN X 2/13/00
TO HOSP retained 1 TO FUNE should be with the 5		V	SIVANM.D	St Agmostos		HD 21229
2552 BP	730. E	SURIAL, CREMATION, REMOVAL	0 10 000 1000	EMETERY OR CREMATORY	BA HA	NORCE STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	INERAL DIRECTOR	ADDRESS ADDRESS		REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

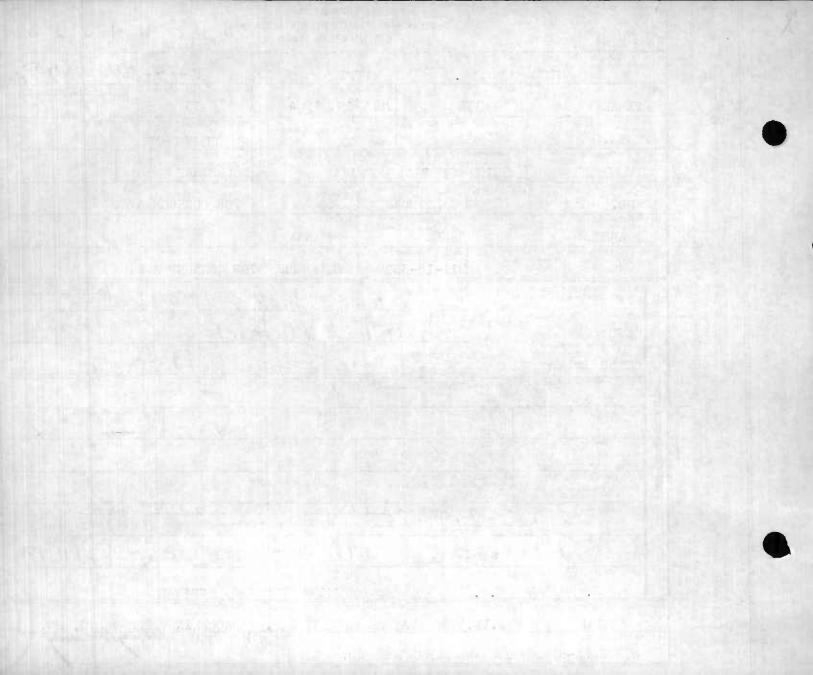
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I - STATE	DEPARIMENT OF H	EALTH AND MENTAL HT	GIENS ()	: 3 0 2
REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF	DEATH REG. NO.	
1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN A MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT)  Leona:	rd THOMAS	Watkins	DEATH MATED 2	919 80 M
3. SEX 4. RACE	S DATE OF RIPTH AGE (IN YEAR	STEUNDER LYR TEUNDER 2		DAY YEAR 24 HOUR
Male Black	MONTH DAY YEAR VAST BIRTHDAY 60 YRS	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD 2	9 19 80 3:475
To BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIE	BALTIMORE CITY OR COUN	
BALTO. MO	4.5.0	WIDOWED DIVORCE		itv. MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME,	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK	17b. KIND OF BUSINESS
D Baltimore City	(16 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1216 N. Longwood	Street	RATIRATION	OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	۷)		
MARYLAND 13b. COUN	BAXTIMERA	YES NO	1216 LONGWOOD	ST
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
CHEONARD W.	WATKINS	FLIZABA	TH BROWK	V
	WAR OR DATESL	1.1 11	ADDRESS	~
YES 40.0	U.II 212 16 201	OG MASIMARIA	- LAYTON 12/6 LON	
	y one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED	E CAUSE (o) Arterioscler	otic cardiovas	cular disease	
9272	DUE TO, OR AS A CONSEQUENCE OF			
Canditions, if any, which gove rise to immediate cause (a) stating the <u>under</u> -	(b)			
cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF		1 - 1 - 1	
lying couse lost.	(c)			
	CONTRIBUTING TO OF ATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART	1 (0)	
190. DATE OF OPERATION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I 210. INJURY OCCURRED WHILE NOT WHILE	19b CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
7 2				YES NO TY
210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tale HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR I	Λ.
UNDERLYING OR	HOUR A.M. MONTH DAY YEAR			
CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY (AT HOME.	21f. LOCATION		
WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN C	OUNTY STATE
WHILE AT WORK AT WORK	the last the second			
22a I certify that I took charg	e of the remains described above, held an	Autopsy , Inspection	Inquiry XX and in my	opinion
death resulted fram: Natur	ol couses . Accident . Suic	ide . Homicide .	Undetermined monner,	
	.20.	TITLE (SPECIFY)		
SIGNATURE JUZZIMIA	Lidan	M.D. Assistan	L MEDICAL EXAMINER SIGN	VED 2/13/80
EXAMINER'S NAME MA:	rgarita A. Korell, M.	.D. 111	Penn St. Balto.	, MD.
230. BURIAL, CREMATION, REMOVAL	3b. DATE 23c. NAME OF CEM	ETERY OR CREMATORY	73d. LOCATION	NAME OF TAXABLE PARTY.
(SPECIFY)	2/14/80 Gabrut	is men bad	ARBUTUS BALTU	To MO
24. FUNERAL DIRECTOR	// // 5 / 0000	25a. DATE R	C'D. BY REGISTRAR 256. P. SISTRAR'S	_
AVAME RUSS	ADDRESS 9 7 37 - 14/7 20	- VACCEFEB 1	9 1980	Novem

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND



(VR A 15 (4))

LEWIS T. GWYNN

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T		EGISTRAR EASED NAM	E FIRST			MIDDLE	XAMIN		LAST	JAIL O		2a. DATE KI	REG. NO	MONTH	DAY	YEAR	Т2b. НО
		OR PRINT)	Lea	mon				,	Weath:	ingto	_	OF	ESTI-			9 80	
3.	SEX		4. RACE	5 DAT	E OF BIRTH		6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONTH	DAY	YEAR	12:
	M	lale	Black	10		33	46 YR		DAYS	HOURS	MIN	PRONOUNC DE AD	ED	2	25	19 80	A
7		THPLACE IS	TATE OR	7b. CIT	IZEN OF WH	AT COUNT	RY?	8. MARRI	ED NE	VER MARR	IED 🗆	9. BALTIMO	RE CITY OF	R COUN	TY OF DI	EATH	
		N.C.			USA			WIDOW		DIVORC			ltimor				
	Ва	Y OR TOWN	e	17	ME OF HOSP NOT IN SUCH FAC 722 W.	Prati	E Stre	et	er institu	TION		JAL OCCUPA MOST OF WORKIN		OF WORK	12b. KIN OR	D OF BU INDUSTE	SINESS
	a. ST		(IF IN NURSING HOME 13b. COU		NSTITUTION, GIVE	13c CITY	SEFORE ADMISSION TOWN		13d INSI0€ C	ITY LIMITS?		EET ADDRESS		++ 9	Stre	et	
1	l. FA	THER'S NAME		MIDDLE			AST		15. MOTHE	R'S MAIDE		MIDI				AST	
1	L	eamon			We	eath	ingto		Eva					H	larp	er	136
10	(YES	, NO, OR UNKNO	D EVER IN U.S. A	RMED FO		16b. SOC	IAL SECURITY	NO.	17. INFORA				ADDRESS				
	No								ZNY.	via	_Co	Leman	5222	2 Hi		ell	Rd.
	- 1	lying cau	stoting the <u>unde</u>	NS CONTRIBUT	(c)	UT NOT RELAT	EO TO THE TERMI	INAL DISEASI			RT 1 (a).					UTOPSY?	
	CERTIFICATION	PART 2 OTHER SI  19a. DATE OF  21a. EXTERNAL UNDERLYING	stating the underselast.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS	NS CONTRIBUT	(c)	ON FOR V	EO TO THE TERMI	ATION W	'AS PERFOR	MED?		NATURE OF INJUS	RY IN ITEM 18 P.	ART LORP	YI	JTOPSY?	NO [
	DICAL CERTIFICATION	PART 2 OTHER SI  19a. DATE OF  21a. EXTERNA UNDERLYING CONTRIBUTI	ostoting the underselast.  GONETICANT CONDITION  COPERATION  AL CAUSE WAS  OR  NG CAUSE OI	NS CONTRIBUTE	(c)	ON FOR V	VHICH OPER  DAY YEAR  19  (ATHOME,	ATION W	'AS PERFOR	MED?		NATURE OF INJUS CITY OR TOWA			YI		NO (
	MEDICAL CERTIFICATION	PART 2 OTHER SI  19a. DATE OF  21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	Stoting the underselast.  GRIFICANT CONDITION  TOPERATION  AL CAUSE WAS  OR O	F DEATH  rige of the tural cause	19b. CONDITI 19b. TIME OF HOUR A.M. P.M. 21e. PLACE O STREET, FACTO	UT NOT RELATION FOR V INJURY MONTH FINJURY PRY, FARM, ET	DAY YEAR  19 (ATHOME, C.)  /e, held an	ATION W  216. HC  216. LO  Autop	CATION STREET  SY X, Hamis TITLE (S	OCCURRE	ED (ENTERI	Inquiry Ermined man	anc	cc d in my a DATE SIGN	YI YI DUNTY pinian		NO [
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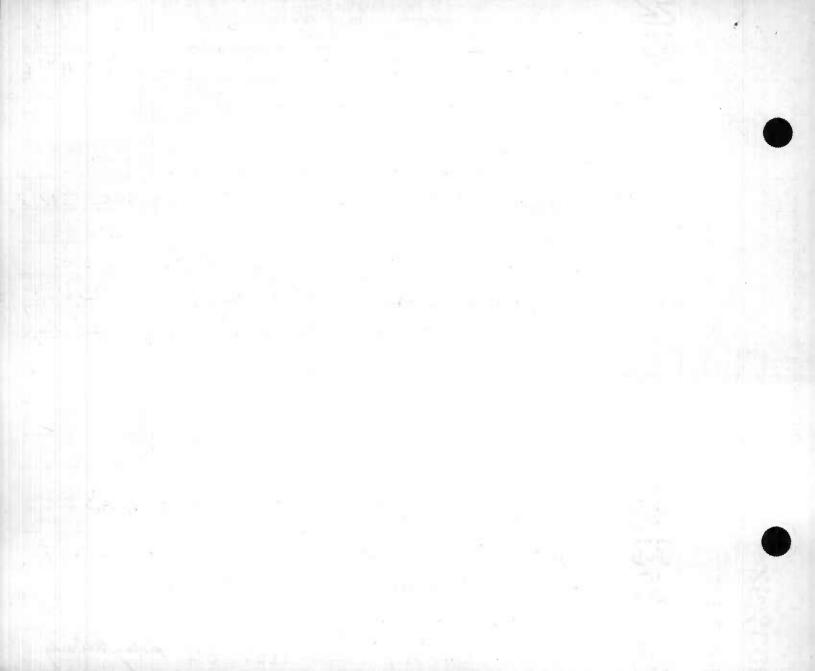
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH I. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) LICE BER 27/ 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE TIMORECH WIDOWED DIVORCED II CITY OR TOWN OF DEATH I NAME F HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR UCH FACILITY, GIVE STREET ADDRESS! 2122 (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY by th BALT MOSZ ATHOLDUE BOLT: MORZAUS SELFEMPL. ADDITION NURCIN DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. CITY OR TOWN 1085 ATTIOL Are BALTIMORS 13d. INSIDE CITY LIMITS? plao BACITICHORE Marycan 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE ANDDER o ALL INGE! ADDRESS 17 INFORMANT medical 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Pages EB E puo (YES, NO OR UNKNOWN) (#F YES, GIVE WAR OR DATES) OUTHATTE OL PUE BOLTE No physicio pope 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF LACRENCE olo sa leus neus ascite. Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 Vno 706. IF YES, WERE FINDINGS USED 9g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a. AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? per NOF YES [ NO [ uriol-tronsit p 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING Hem 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71f. LOCATION 71d. INJURY OCCURRED 71e PLACE OF INJURY ŏ (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 27a. I certify that (I) (this hospital) attended the deceased from 1900 sow the deceased alive and above. (I) (me) (did) (dra nat) view the bady after death and that in (my) (or) opinion death accurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED SHENATUR MEDICAL ATTENDING STAFF shauld be detor with the State I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 77e ADDRESS 73r NAME OF CEMETERY OR CREMATORY 730. BURIAL, CREMATION, REMOVAL 736 DATE (SPECIFY) Burial 3/1/80 Druid Ridge Cemetery - Pikesville, Md. 74 FUNERAL DIRECTOR Sterling Juneral Estate ADDRESS 750. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 1980 736 Edmondson Ave. (VR A 15 (4)) Catonsville, Ald. 21228

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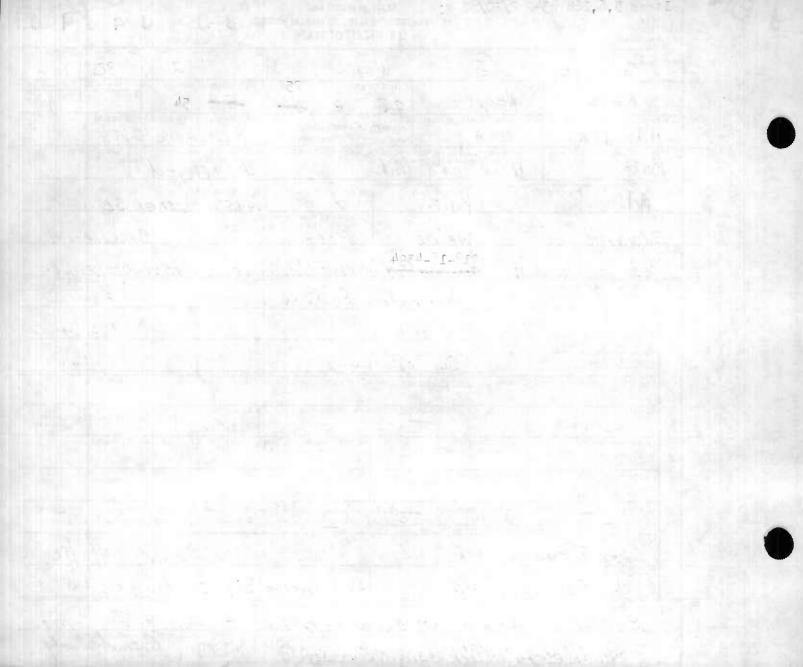
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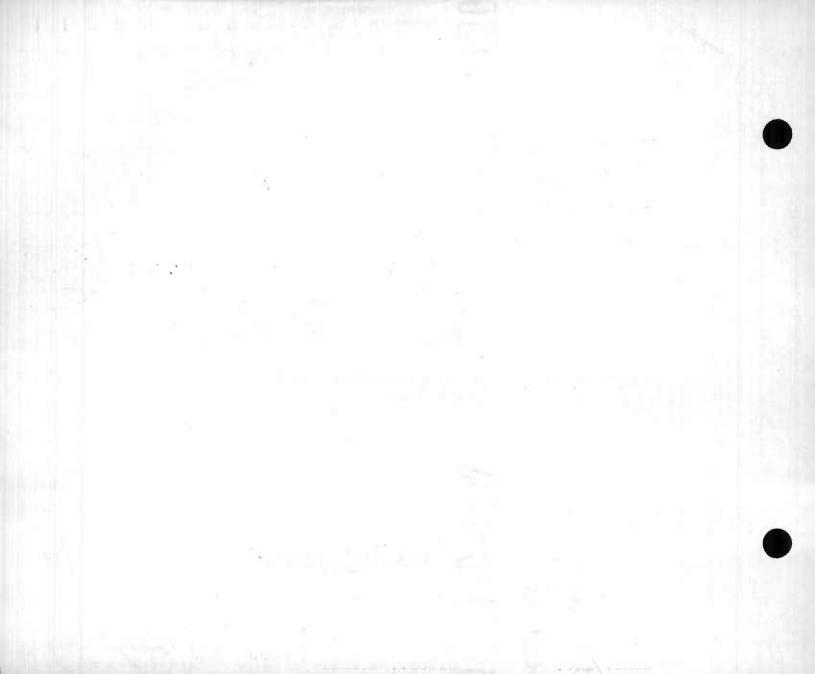
1			STATE OF MARYLAND		1 2 0 0
100	FOR STATE REGISTRAR	DEPARTN	SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 0	4308
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	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ND 212		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 134 CITY OR TOWN	ADMISSION)	138. STREET ADDRESS  BUNNERS	RD
vith vith	14 FATHER'S NAME	-10	15. MOTHER'S MAIDEN NA		
E, MAR	LEONARD	MODIE HARTLINI	EMMA	WIDDLE	TAUBE
A Pand Sages Phen The	I 60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECUIDE WAR OR DATES)		WEILAND SA	7ME
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i faggini	PART I. DEATH WAS CAUS		TRICULAR FAILU	N.E	
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	OR CONTRIBUTING CAUSE OF D		Y YEAR		
2 = = = = 0 /	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21s PLACE OF INJURY	211 LOCATION		
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OR: ) OR: ) See as Health	22a.t certify that (I) (this has	pital) attended the deceased from_	2-8 1980		, 19 60 , that (I) (we) lost
of the control of the	say the deceased alive a	in 2 -8 19 19	30, and that in (my) (our) opinion	death occurred on the date and ha	our and from the couses stated
Fire Fire	17h SIGNATURE		DEGREE		22c DATE SIGNED
44 1969 7	11/		ATTENDING PHYSICIAN [	MEDICAL STAFF	2-8-89
TO HOSPITAL retained by the TO FUNERAL is should be detact with the State DIMPORTANT: I	OMAN	ORPRINT) ZATYCH	JOHNS JOHNS	HOPKINS NOS	INTAL
TO Fetai	236 BURIAL, CREMATION, REMOVA	L 236. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY SIAM
4/00BP	DURIAL	2-12-80 4	OUDON PARK CEP	7. DALTO	MD.
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR	EH. 6601 FRE	D. AVE. EE	B 1 3 1980	STRAR'S SIGNATURE

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Page 4 m irector, p urs after once.		Male	Negro	9 8 8 SE	53 54	YRS. DAYS HOURS MI
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certificate physicia papers. removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for Jai, (b),	eratory Follers		BETWEEN ONSET AND DEA
e death attending ve carbon rtion, or er traum:		Conditions, if ony, which	DUE TO, OR AS A CONSEC	QUENCE OF		72 hours
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v require an signed hen plea t to buri ny injury	N N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
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Post Pept		226 SIGNATURE	uan, MD	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	221. DATE SIGNED 2/11/80
TO HOSPITAL retained by the TO FUNERAL I should be detach with the State of IMPORTANT:		JOG FOUR	Lang MP	22. S. Greens	st, Bali	timore, red
P	23e	BURIAL, CREMATION, REMOVAL	236. DATE 23	ANDULTUS MEMBERS	23d LOCATION CITY OR TOWN  BALLINO	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	O O DOW APORESS		E REC'D. BY REGISTRAR 251	RECOSTRAR'S SICHATURE





The second		1.	FOR STATE		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENER ()	4312
7			REGISTRAR				ICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	(例程)	3 SE	X	1 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Sea.		Male	Whi		Feb		66 YRS	
•	See .	C	RTHPLACE (STATE OR FOREIGN DUNTRY)  Maryland	76 CITIZEN OF	what country?	MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COUNTY BALTIMORE CITY	
	or de fun	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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	Fig Day		saw the deceased alive or abave, (1) (we) (did) (did no					deoth occurred on the date and hou	
	OR AT DIRECT Coched f Dept If Item 2		226. SIGNATURE	of view the body	affer death.		DEGREE		22c. DATE SIGNED
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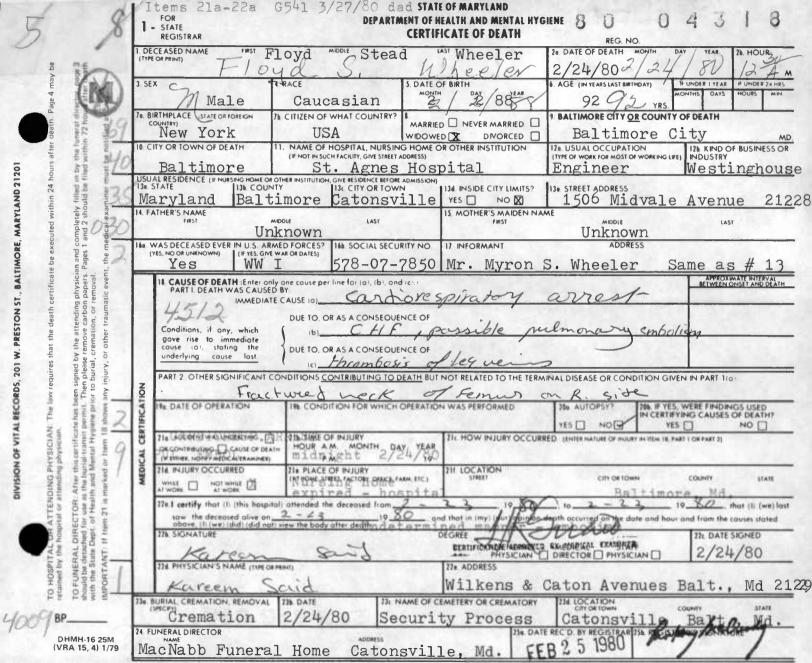
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		FOR		DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE ()	A 3 1 7
		STATE REGISTRAR	ME	DICAL EXAMI	NER'S	CERTIFICATE O	F DEATH REG. NO.	-1 0 1 /
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33	(TYP	E OR PRINT) Wilt	ert.	E.	Wh	eat	OF ESTI-	2 2919 80
	3 SEX		S. DATE OF BIRTH	6. AGE (IN)	EARS IF UN	NDER 1 YR. IF UNDER	24 FRS. Zt. DATE	ONTH DAY YEAR 24 HOU
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-		ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOA			120. USUAL OCCUPATION (TYPE OF V	VORK 126. KIND OF BUSINESS
	B	altimore City		acility, give street address nes Hospita	7		FOR MOST OF WORKING LIFE)  _Mechanic	or industry Rvder Renta
	USU/	AL RESIDENCE (IF IN NURSING HO	E OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS	SION)			Tryder rema.
L	30 S	TATE NISE CO	A.A.	Millersvi	11e	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 19 Rol Park	
		ATHER'S NAME				15. MOTHER'S MAIDE	N NAME	
	)	FIRST	pert	LAST		FIRST	Elizabeth	LAST
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECUR	TY NO.	17. INFORMANT	ADDRESS	
	(Y	YES, NO, OR UNKNOWN) (IF YES, O	ve war or dates)	220-54-97	107	wife		
ŀ		IB. CAUSE OF DEATH (Enter			01	MITE		APPROXIMATE INTERVAL
		DADT   DEATH WARE CALL	CED BV	ınshot woun	d of	ahdomon	(rifle)	BETWEEN ONSET AND DEATH
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		lying couse last.		710710011020021102	0,			11-11-11-11-11-11-11-11-11-11-11-11-11-
		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (a)	
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1	ATIC	190. DATE OF OPERATION	19b. CONDI	ITION FOR WHICH OPE	RATION W	VAS PERFORMED?		20 AUTOPSY?
	FF		In the State of					YES Y NO
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1	ALC	UNDERLYING OR CONTRIBUTING CAUSE	F DEATH ? PA	M. MONTH DAY YEA		self infli	cted	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LC	CATION		
	¥	WHILE AT WORK		ctory, FARM, ETC.) Darking lot		748 Dorsey	RA	Howard MD
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	10	death resulted from	nural coupes	Accident .	vicide [X		Undetermined monner,	
		ACTUAL / //3	11/1/2	No.		TITLE (SPECIFY)	iof	OATE 3/1/80
-	1	SIGNATURE	Co LIN	W X	^	A.D.Deputy Cn	iefedical examiner	SIGNED 3/1/00
-		EXAMINER'S NAME	Thomas D. S	Smith, MD.		111	Penn St. Balto.,	MD.
The state of	73a B	URIAL, CREMATION, REMOVA		123c. NAME OF C		7.0 B NE OO	123d. LOCATION	
	230.6	SPECIFY Burial	3/4/80	Meadow			Horard Co., Md	COUNTY STATE
1	24. F	UNERAL DIRECTOR				25e. DATE	REC'D. BY REGISTRAR 256. REGISTR.	
	P	awi E. Chenowe	th 3rd 361	17 Chestnut	Ave.	MA	K-2 1480 mints	rey/Kebroody

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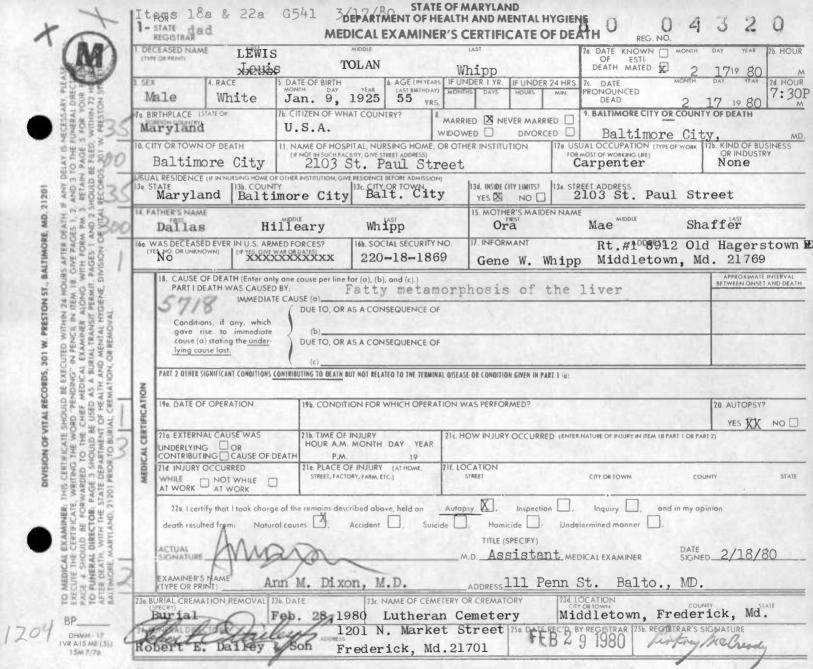


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attending physician and campletely filled in by the ave carbon papers. Pages 1 and 2 should be filed than or removal.

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TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial transit permit. I with the State Dept. of Health and Mental Hygiene prior

etained by the hospital

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morked ar Item 18 shows any injury, or other troumotic event, the

MPORTANT: If Hem 21 is

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	STATE REGISTRAR			CERTIF	ICATE OF I	DEATH	RE	G. NO.		0		
		CEASED NAME FIRST		WIDDLE	L	AST	hisutien.	20 DATE OF DEA	TH MONTH	DAY	YEAR	25 HOUR	
		JO	HN J	OSEPH		WHITE		5	2	16	80	9:35P M	
	3. SE	Х	4 RACE	100 May 25	5 DATE C			6 AGE (IN YEARS LA	(ST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS	
34		MALE	WHIT	E	MONTH 7	31	19	60	YRS	MONI	HS DAYS	HOURS MIN	
10.		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE C		_	DEATH		
69		W YORK	U.S.	Α.	WIDOWE	NEVER	WARRIED L	Baltimo	re City			MD	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C			120 USUAL OCCU	JPATION	1		OF BUSINESS OR	
23		Baltimore	VAMC B	altimore,	Md.	21218		Counsel		LIFE) 1	Sta Sta		
35	130	AL RESIDENCE (IF NURSING HON STATE MARYLAND	AE OR OTHER INSTITUTION	131 CITY OR TOWN BALTIMOF	/N	13d INSIDE C	ITY LIMITS?	6510 Be		Ro	ad	5/37	
	14_FA	ATHER'S NAME	MIDDIE	BLANCO		15 MOTHER	S MAIDEN NA		SI'E		MRZS	KA	
30	M	AXIMILLIAN NE	ELAN	WHATE		MA	RY RY	CARO			HAY	X	
7	160 V	VAS DECEASED EVER IN U.S		166 SOCIAL SECU	JRITY NO.	17 INFORMA	ANT	A	DDRESS				
1	Y	YES NO OR UNKNOWN) (IF YES W	W 2 POR DATES)	035 07 3	3562	VAMC C	linical	Records	Balto	., 1			
		18 CAUSE OF DEATH (Enter only one couse per line for 10), ib), and ic  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE to MAPPE Castor testinal hemonyheee  IMMEDIATE CAUSE to MAPPE Castor testinal hemonyheee  IMMEDIATE CAUSE to MAPPE Castor testinal hemonyheee											
		4240	DUE TO C	R AS A CONSEQU	FNCE OF			1	1	-4			
		Conditions, if ony, which	( b)_	Cardia		villes	sis a	nd crs	115				
		gove rise to immediate couse (o), stating the	,	DUE TO OR AS A CONSEQUENCE OF								72-1-1	
		underlying couse lost				laviv	13 better	cience	1				
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	ONDITION	SIVEN II	V PART III	0	
	O												
1	CATI	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	H OPERATION WAS PERFORMED			200 AUTOPSY				NGS USED	
	ERTIFICATION							YES NO		YES TO	CAUSES	OF DEATH?	
	CER	216. ACCIDENT WAS UNDERLYING				21c HOW IN	JURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM IS	B, PART 1	OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF	DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19									
	MEDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATIO	NC						
	¥	WHILE NOT WHILE AT WORK	(AT HOME, SI	REET, FACTORY, OFFICE, I	FARM, ETC )	STREET		CITY	OR TOWN		OUNTY	STATE	
101		270.1 certify that (I) (this haspital) attended the deceased from FEBRUARY 15, 19.80, to FEBRUARY 16, 19.80, that (I) (we) last											
		sow the deceased alive on FEBRUARY 16. 19.80 , and that in (my) (our) opinion death occurred on the date and hour above 49 (34) (and fall did fall fire the body after death.									from the	couses stated	
		22b. SIGNATURE	LI II	onter deorn.		DEGREE			200		22c. DATE		
		111/11	4//	-M1	)		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF		2/17	1/80	
,	194	22d. PHYSICIAN'S NAME TO	PEORAPHY	Ni.		22e ADDRES		J DINECTON [] FI	- OICIAIT (A)	1 17	1		
		Albert F.	Locat	kee		3900 T	Loch Ra	ven Blvd.	Balt	0	Md.	21218	
1		BURIAL, CREMATION, REMO	VAL 23b. DATE	/ 23c. I	NAME OF C	EMETERY OR		23d. LOCATION		cour		STATE	

O HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 60M 1/75 (VR A 15 (4))

CREMATION

FEB. 18,1980 WESTVIEW MEM.PK.

CATONSVILLE, BALTO. CO., MD.

74. FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6500 YORK RD. ADDRESS BALTO., MD.

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MATERIAL PROPERTY.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDUSTRY

Thomas

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2 mos

Unknown

REGISTRAR			CERTIFICATE OF DEATH	REG, NO.			
DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOU	R
William	(W.)	J. Wh	ittington	2/ 17	/ 80 :	2:45	;
. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 H
Male		Black	6 23 04 YEAR	7/5) YRS	MONTHS DAYS	HOURS	MR
O. BIRTHPLACE (STATE C	OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
Maryland		U. S. A.	MARRIED NEVER MARRIED	Baltimore Ci	ty		

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Pleasant Manor Nursing Home

DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY Bal timore

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

13e STREET ADDRESS 1500 E. Chase St.

120. USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Unknown

Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Whittington Ruth Charles

SOCIAL SECURITY NO 21403-5225

17_INFORMANT James F.P. Thomas 1201 E. Lafayette

leno Carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating underlying

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

23b. DATE

2/20/80

CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

12 mus.

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN COUNTY

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on

22b. SIGNATUR

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

FOR

10 CITY OR TOWN OF DEATH

60 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

( F YES, GIVE WAR OR DATES) Unknown

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)

13a STATE

Yes

CERTIFICATION

MEDICAL

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Cheltenham Vet. Cem.

ATTENDING MEDICAL .
PHYSICIAN DIRECTOR

22c. DATE SIGNED

22d PHYS ZIAN'S NAME (TYPE OR PRINT)

Jaime M. Punzalan, M. D.

22e ADDRESS

5214 Harford Rd., Baltimore, Md. 23d. LOCATION

Cheltenham, Md.

Burial 24 FUNERAL DIRECTOR

Wm C March F/H

23a. BURIAL, CREMATION, REMOVAL

ADDRESS 1101 E. North Ave

and that in (my) (aur) opinion deoth occurred an the date and hour and from the causes stated

STATE

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

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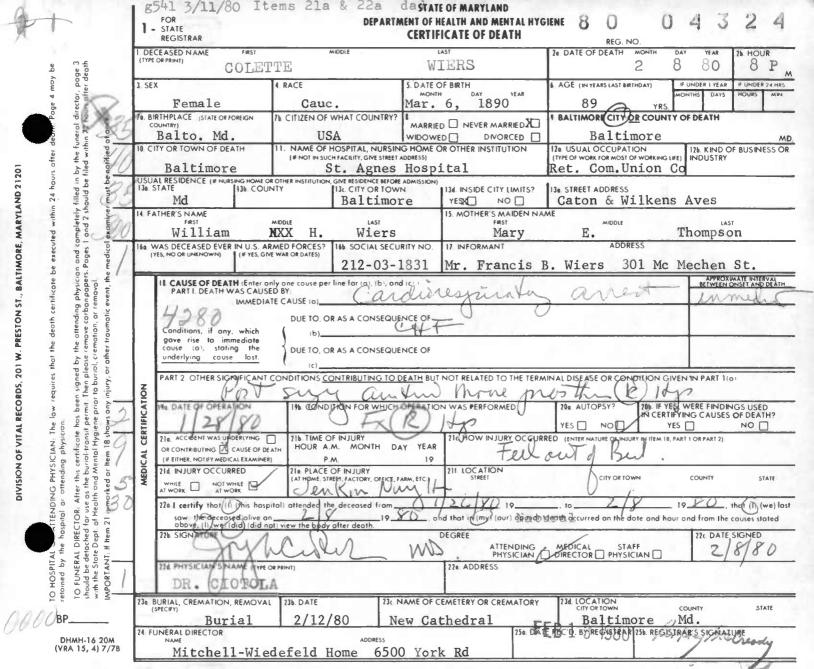
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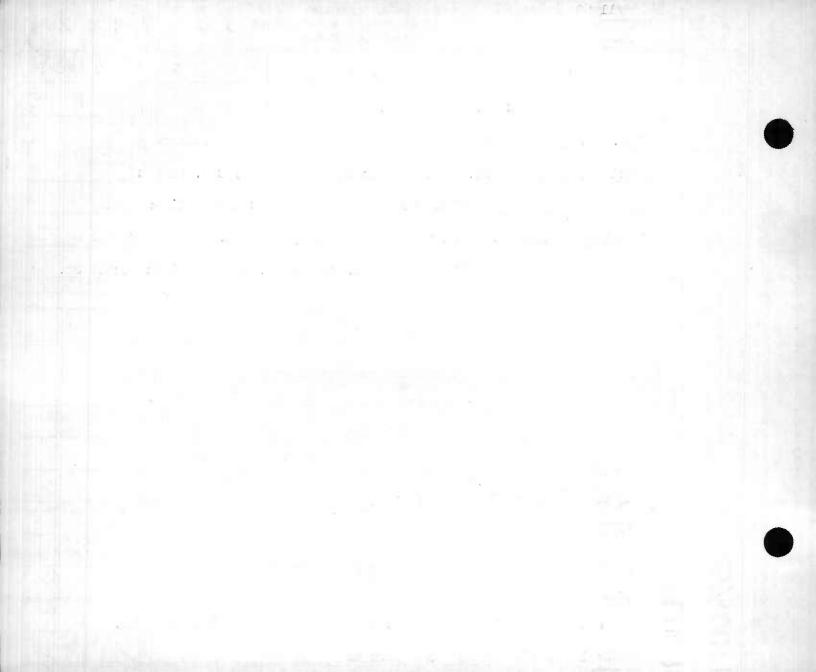
abave, (L) (we) (did) (did not) view, the body after death

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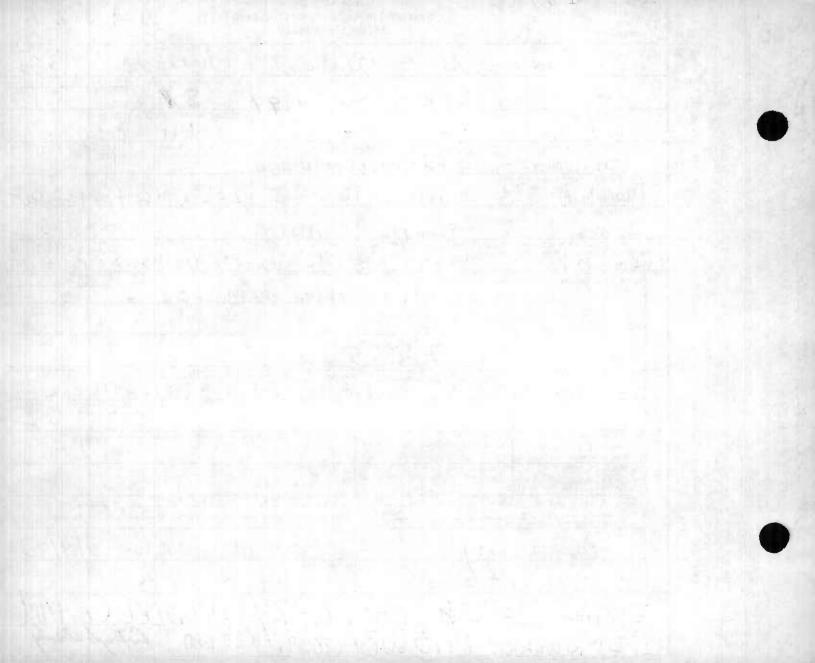




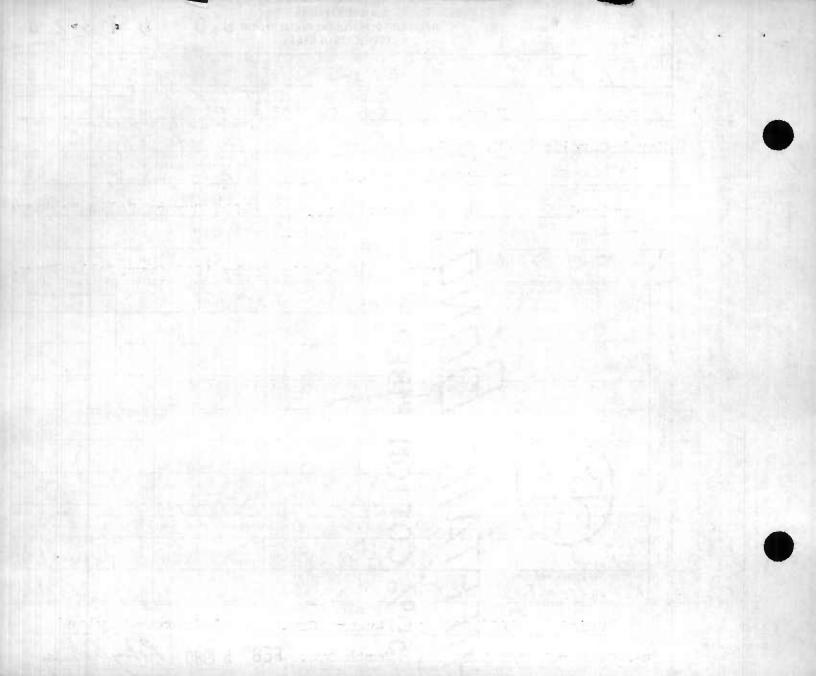
	1				STATE	OF MARYLAND			
10 N	1-	FOR STATE REGISTRAR				ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 0	0 4	3 2 5
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4 / 5 / 5	3. SE	MALE	WHITE		MONTH 5	20° 1907	72	WONTHS	
h. Poge al direct 2 hours	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WH	IAT COUNTRY?	8 MARRIED	X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
death.		ARYLAND	U.S.A.		WIDOWED	Name of the last o	BALTIMORE		MD.
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24 hou illed in ould be must be	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE BALT	NTY / 13	VE RESIDENCE BEFORE A C CITY OR TOWN INTHICUM	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 513 DOGWOOD	D RD.	21090
thir 2 sh	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME MIDDLE	BATEN.	LAST
ample ond		HARRY		WILLEY	STAY.	BLANCHE	MAE		HORSEMAN
n ond c Pages	()	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GIV VES WWI	E WAR OR DATES)	14-07-99		IRENE M. WII	LEY 513 DOGW		21090
N: The law requires that the death certificate systicion.  cate has been signed by the attending physici onsit permit. Then please remove carbon pape.  Hygiene prior to bund, cremation, or remaval.  8 shows any injury, ar ather troumotic event, the state of the sta	CERTIFICATION	18. CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stofting the underlying cause lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR A  DUE TO, OR A  (b) 30  DUE TO, OR A  (c) AC  CONDITIONS CON	AR DIO- IS A CONSEQUEN IS A CONSEQUEN IT IS TO DE TRIBUTING TO DE	ICE OF NTEKE	CEREBRO-V	YOCARO INF WINAL DISEASE OR CONE 200 AUTOPSY? YES NO M	ARCTION DITION GIVEN IN 20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?
SICIAN: ng physic certificat uriol-fron tental Hyr frem 18 s		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		YEAR	The read was a second	(CONTENTIONE OF TRAJON	THE HEM TO, FART TO	rem aj
or attending ph or attending ph After this certifi eas the buriol-tr olth and Mental morked or them	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY , FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY OR TOW	'N CO	UNTY STATE
incopilat OR attended by the hospital innerest DIRECTOR. Id be detached for usine State Dept. of He State Dept. of He ORTANT: If Item 21 is		22a.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did not 22b. SIGNATURE	n &/ 19 pt) view the body oft	19 8		22e ADDRESS	MEDICAL STAF	FIAN	7 (1) ()
show with		BURIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CREMATORY	23d. LOCATION		
BP	BU	RIAL	2/23/80	CEL	DAR H	LL CEMETERY	BROOKLYN P	K. A.A	• MD •
DHMH - 16 50M 1/76 (VR A 15 (4))		JNERAL DIRECTOR BEARD FUNERAL H	IOME 4107	WILKENS	AVE.	21229 25a. DA	EB 2 2 1980	25b. REGISTRAR'S	SIGNATURE

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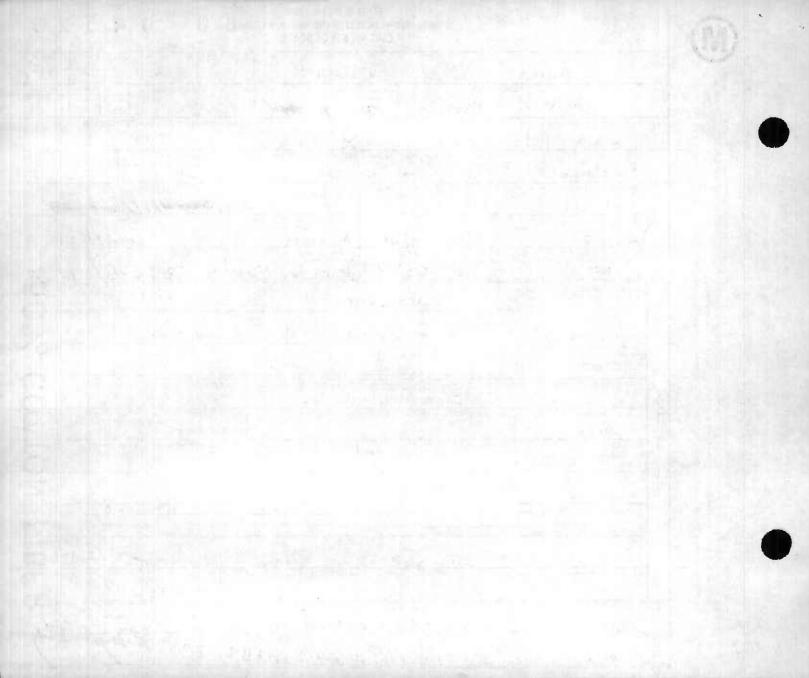
	1 11	tem o go41 5/5/00 gj state of maryland
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES () () 4 3 2 /
IN 5	11	DECISTRAD  CERTIFICATE OF DEATH
M	I DE	REG. NO.
(1) " WE   W		E OR PRINT)
S PENN		Todale M. Williams 2-19-80 155m
of a second	3 SE	
10 4 91	1	Black MONTH DAY YEAR ON YRS MONTHS DAYS HOURS MIN
Q = 0 1	la Bi	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH
2 = 30	C	OUNTRY) MARRIED WEVER MARRIED W
3 0		MINDOWED DIVORCED Bat. CITY MD.
4	10 CI	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  120. KIND OF BUSINESS OR  11 TYPE OF WORK FOR MOST OF WORKING LIFE J. INDUSTRY
10 = 5 13	1	13a Hi More South Balti More Coneral Hasp (Type of work for most of working life) INDUSTRY
7 2 sund	USUA	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
C.0 4 85 5	13a. S	136 COUNTY 13 COUNTY 130 CITY OR TOWN 130 INSIDE CITY LIMITS? 130 STREET ADDRESS
AN S		Mary and Baltimore YES BY NO 12442 West port St. Palt
2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14 FA	ATHER'S NAME  15. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST MIDDLE
MAR was ed w		James El Smith Mary Gail
	16n V	NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
IMORE,	(1	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES)
S P P P P P P P P P P P P P P P P P P P	LN	aknown   610-07:7073 (Swew) Jeanette Williams Balting.
A Per Signate SA		18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)
physicol inficol in pop movo vent,		PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1 ntra Cere brad hemorhare
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of to one of to motor		Due to, or as a consequence of
REST deo obton troun		Conditions, if ony, which gove rise to immediate (b)
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by by osh		underlying couse lost. Discourse Changes
C S S Ped S S S S S S S S S S S S S S S S S S S		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, 110
RDS, 2	Z	
7 0 2 2 1	E	Dementia: Mixed Connective tissue disease
S bee	∑	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,  DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir  of the this certificate has been sign of the bursol-transit permit. Then the and Mental Hygiene prior to be arked or Item 18 shows any injury	CERTIFICATION	YES NO YES NO
DF VITA DF VITA DPhysicic rificote sl-tronsit tol Hygie m 18 shc	Ü	21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
SICIAN: ng physical p		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
SION OF VI	MEDICAL	IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION
VISION VISION G PHY offendings the bus ond M ked or	WE	WHILE NOT WHILE   (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIV DIV ATTENDING spitol or off CTOR: After Afor use os the control of the contro		AT WORK
Lor l		22a.1 certify that (I) (this hospital) attended the deceased from 2/13, 1980, to 2/19, 1950, that (I) (we) lost
E 6 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive an 0-19-19 80 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
	180	obove, (1) (we) (did) (did not) view the body after death.  226. SIGN ALUFF.  DEGREE  220. DATE SIGNED
OR he		ATTENDING _ MEDICAL _ STAFF _ / 2-10/01
PITAL of the by the e deto Store E		PHYSICIAN DIRECTOR PHYSICIAN OUT 17/8 U
HOSPITAL ined by th FUNERAL vald be deta th the Stote		22d. PHYSIQIAN S NAME (TYPE OR PRINT) 22e. ADDRESS
		D. SHABAZZ DO LOOF (TONOR O HASO)
Of Of Mark	23n B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY / 23d. LOCATION,
7623	130 6	7-754
200 BP		DUMP 12 40 80 MININI HOUND COLLIN
DHMH - 16 50M 1/76	24 FL	UNERAL DIRECTOR  WARMS SOUND LOCAL 19 April 18 ALTO STEED 25 1980
(VR A 15 (4))		1 1 Kanthon (210 M) 24407 (120 0) 1880



	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0 4	3.2	8
1 74		CEASED NAME FIRST PROPERTY FOR PRINTS		WIDDLE		IAMS	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	OUR HOAM
4 ( ) 4	3. SE		4_RACE		5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UN		DER 24 HRS
	7a. B	FeMale IRTHPLACE (STATE OR FOREIGN	Neg.	WHAT COUNTRY?	Feb		74 9 BALTIMORE CITY C	YRS P COLINTY OF	DEATH	1
Olympia no 72 to 100 to	C	orth Carolina	U.	S. A.	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMOR	1 11		MD.
by the furthfield with	10 C	Baltimore	11. NAME OF (IF NOT IN SUC Prov	HOSPITAL, NURSIN CH FACILITY, GIVE STREET ident H	GHOME C ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		26 KIND OF BUSI NDUSTRY	-
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill wol. it, the medical examiner may be n.	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP	OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Balti	N	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 1610 Gwy:	nns Fal	lls Par	kway
MARYI ompletel	14 F/	Hampton	WIODIE	layes		15. MOTHER'S MAIDEN NA/ Betty	WE		LAST	
MORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI			
LTIM be of 15. Po				N/A		Isabelle Co	osby 1610	GwynnF		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. IN PRESTON ST., B. I	8.8	18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gove rise to immediate	E CAUSE (o)	RAS A CONSEQUE	C CHI	CINOMA OF THE	COLON		APPROXIMATE IN BETWEEN ONSET A	ND DEATH
DS, 201 W. P signed by the her please ret to burol, crem iury, or other	N	couse (a), stating the underlying couse last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	N PART 1(0)	
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS US CAUSES OF DE NO	ATH?
N OF VIT.  SICIAN: 1 ng physic certificate mod-frons entol Hyg them 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 1B, PART 1 (	OR PART 2)	
DIVISION NG PHY After this os the bu th and M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOV	VN CI	OUNTY	STATE
ATTENDI ASSPITATION OF CTOR: A Mar use A for use I. of Heolin	E	220 I certify that (+) (this hospi saw the deceased alive on above, (f) (we) (did) (did no	toll attended the FBRUD P	e deceosed from	, on	d that in (my) (our) opinion o	to FEBRUAL death occurred on the di	, 17		(we) lost stoted
TAL OR yy the ho RAL DIRE detached fote Dept		Mathoniel Leon	e Hagle	-10	M	ATTENDING PHYSICIAN	MEDICAL STAI	FR /	FIBRUARY	1,1980
O HOSPITA TO FUNERA Should be de with the Stat		NATHONIEL GI	FORBE HI	AGLER TI		PROVIDENT HOSPITA	a 2600 Libe	of Heights Ar	e Folto,	18.2215
	23a. E	BURIAL, CREMATION, REMOVAL  Burial	23b. DATE 2/6/1			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimo	COUN	or land	STATE
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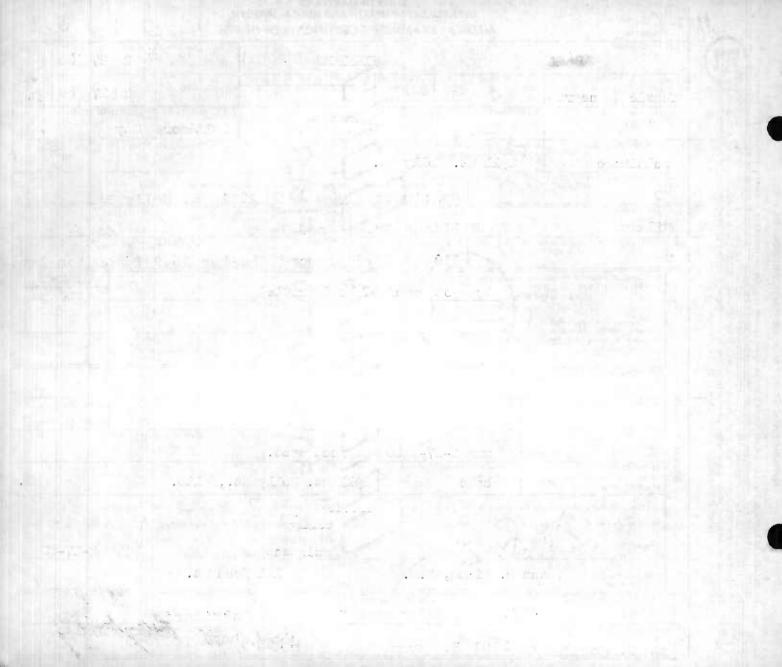
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ECOS Dw re beer mit prior any ii	AT	19a DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1F Y	(ES, WERE FINDINGS USED
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ON C HYSIC ding ding ding ser is cer burio Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
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OR ATTEN be hospital OIRECTOR ched for u Oppt. of He Item 21 is		obove, (l) (we) (did) (did not 22b. SIGNATURE	ew the body after death.	DEGREE	are the date of the training of training of the training of th	22c. DATE SIGNED
0 = 5 5 5		V	67	ATTENDING	MEDICAL STAFF	211/80
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3. SE	X	4 RACE	5. DATE OF BIRTH 6. AGE (			H DAY YEAR 2d HOUR
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F	PREIGN COUNTRY		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR		
	ITY OR TOWN	ROKINA	11. NAME OF HOSPITAL, NURSING H	WIDOWED DIVORC	Baltimore 1120. USUAL OCCUPATION (TYPE OF WOR	
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1 1/		D EVER IN U.S. ARA		1000 M. O.	WILLIAMS WIGHIAM	Mad NoCa
	18. CAUSE C	OF DEATH (Enter onl	y one couse per line far (a), (b), and (c).		ACT OF BUILDING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ATION	PART 2 OTNER S	use last.	(c)	TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a),	20. AUTOPSY?
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N	dilton  VAS DECEASED EVE			lliams	Sr. N	Magda]		MIDDL	ADDRESS	A	LAST dams		
(Y	es, no, or unknown)	(IF YES, GIVE WAR C	OR DATES)	213-64-			Ches			Edm	onds	on z	Ave
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CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDITION	N FOR WHICH OPE	RATION WAS PE	RFORMED?	-				20. AUT		
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00	EXAMINER'S NAME (TYPE OR PRINT)	An	n M./Dixo	on, M.D.	ADDR		111 Pe	enn St.					
B	urial, CREMATION, PECCEPTION,		^{ATE} 4/80	23c. NAME OF CE Baltir	METERY OR CRE	em.	Ba	CATION DE TOWN	re.	COUN	1 29	STATE	
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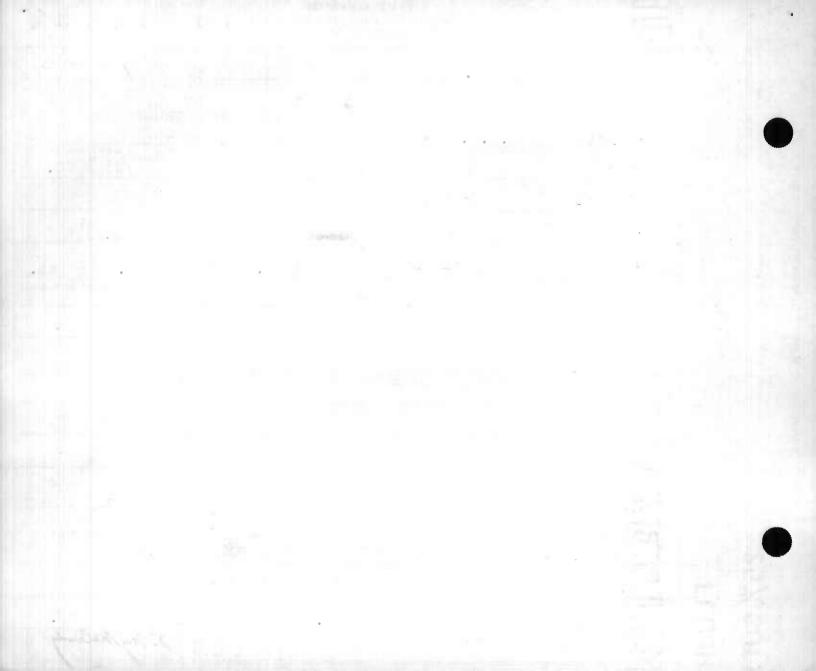
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

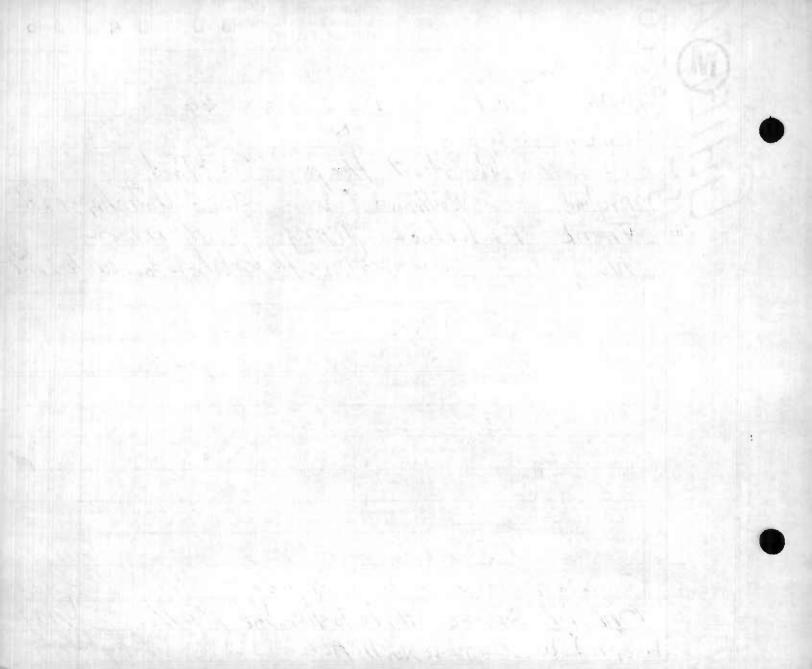
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(0	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES () 4 3 3 6
	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO.
(BAII)	1 DE	ECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
S Clar )		JAMES WILSON 2-8-80 M
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rector		MAIE COI DEC 2, 1913 66 YRS MONTHS ONTS MUST MINE
oth. Po		BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?
9 2 5 5/		SICI 415, A WIDOWED DIVORCED DALTIMORE CITY MD.
with the	100	111. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, SIVE STREET ADDRESS)
1201 nn by the filed	11151	DATE MORE THOUSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
AND 21	12	STATE 136 COUNTY 13 FLOWN 12 STREET ADDRESS 7
ILAN	14 5	ATHER'S NAME  ATHER'S NAME  15 AOTHER'S MAIDEN NAME  15 AOTHER'S MAIDEN NAME
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file		This & Mighe / Ast Mary Can Ast
E, M	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 12 INFORMANY / ADDRESS / ADDRESS / ADDRESS
BALTIMORE, cote be execut appers. Pages 1 vol.		(YES, NOOR YAKNOWN) (IF YES, GIVE WAR OR DATES) 220184783 MYS. HE PER MIKOWN 257640 LECTURE
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir ther this certificate has been sign as the buriol-tronsit permit. Then thond Mental Hygiene prior to b arked or them 18 shows any injury	CERTIFICAT	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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VISION Or PHY or this the bu	MEI	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) . STREET CITY OR TOWN COUNTY STATE
O O O E		220.1 certify that (I) (this haspital) attended the deceased fram
m 2 () L		sow the descared give an abave. (1) we'll did likid not view the body after death.
DR ATT hospin hed for hed for ept of frem 2?		226. SIGNATURE  DEGREE  226. DATE SIGNED
TAL OR A y the hos RAL DIREC detoched oote Dept		Monday Martending MEDICAL STAFF 3/8/80  ATTENDING MEDICAL STAFF 3/8/80
HOSPITAL ined by th FUNERAL buld be deta th the Stote		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
- 0 - 0 - 0		Konald D. Miles, M. D Wroundent Hosp Bolf. Hd.
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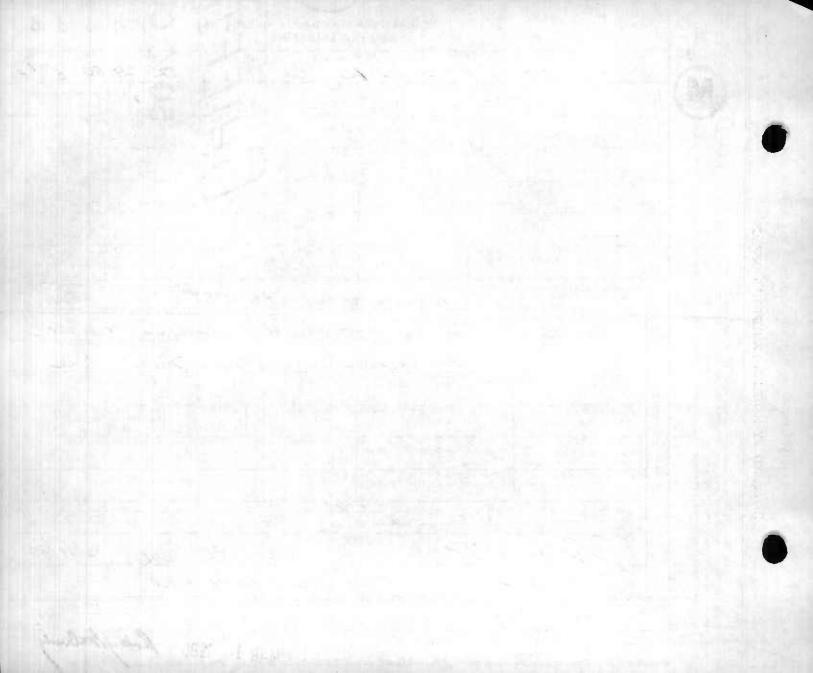


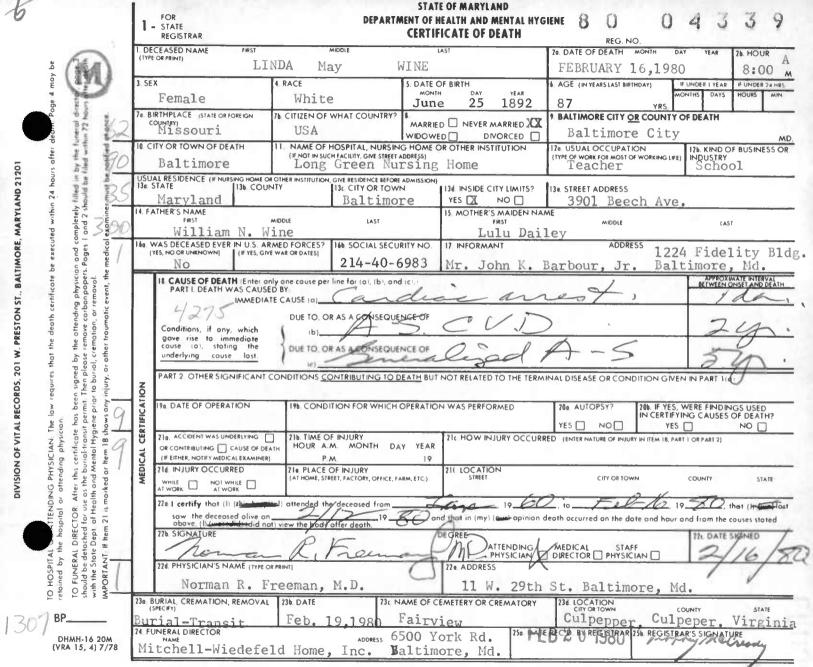
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN IX MONTH (TYPE OR PRINT) 19 80 JOHN W. WILSON DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 10 80 male 78 YRS DEAD la M negro 6 18 01 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED XNEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED [ DIVORCED Maryland U. S. A. 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS Maryland General Hospital Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 13c CITY OR TOWN 13b COUNTY 838 Edmondson Avenue YES NO Baltimore Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) Cecelia Wilson 838 Edmondson Avenue 215-07-3342 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c), )
PARTIDEATH WAS CAUSED BY: Multiple injuries complicated by sepsis BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Diabetes mellitus & arteriosclerotic cardiovascular disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES [] NO X E DEPARTMENT OF PRIOR TO BURIAL 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY UNDERLYING OR MEDICAL Pedestrian struck by auto. CONTRIBUTING CAUSE OF DEATH 5:30 P.M. 12-3-21f. LOCATION 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Md. Eutaw & Lanvale Sts., Balto. WHILE AT WORK STATE 21201 PI street TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 217 Inspection X Inquiry 22a. I certify that I took charge of the remains described above, held an Undetermined manner death resulted fram: Natural causes Hamielde ITLE (SPECIFY) ACTUAL Assistant 2-2-80 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 2/6/1980 Arbutus Mem. Park Arbutus, Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Wm. C. March F/H 1101 East North Ave.FEB 5 1980 VR A15 ME (5)) 15M 7/76

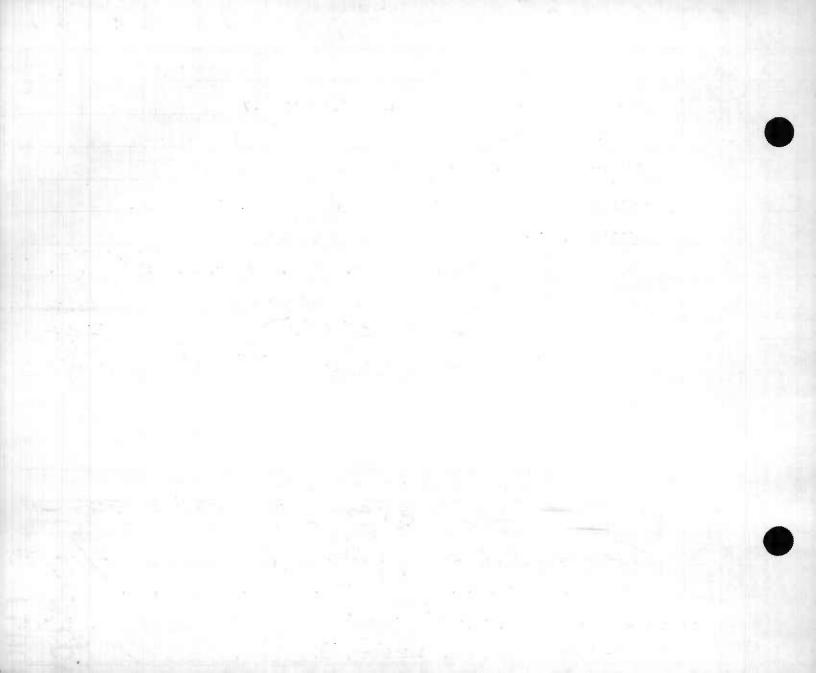
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 26 HOUR 07 Frederick Harvey Wiltsey 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White Male 12 1909 TO BIRTHPLACE ISTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. Pennsylvania Baltimore City WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospitals Beth. Steel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Foreman 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore Dundalk 1781 Brookview Road 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE FIRST MIDDLE Wiltsey Ida Harry Dare 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1781 Brookview Road (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 234-03-0585 L. Ferdelis Wiltsey-Balto. MD 21222 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ADDIO PYLMONARY MINUTES IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF QUIE MYOCARDIA if ony, which gove rise to immediate couse 101, stoting underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygiene NOF 216 TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 77h SIGNATE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRES should be Monongalia Courte W.VA 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) East Oak Grove Burial Morgantown 250. DATE REC'D. BY REGISTRAR 256. R. STRAR'S SIGNA Duda-Ruck, Incomess DHMH - 16 60M 1/75 1980 (VRA 15(4)) 7922 Wise Avenue, Dundalk, MD 21222

STATE OF MARYLAND





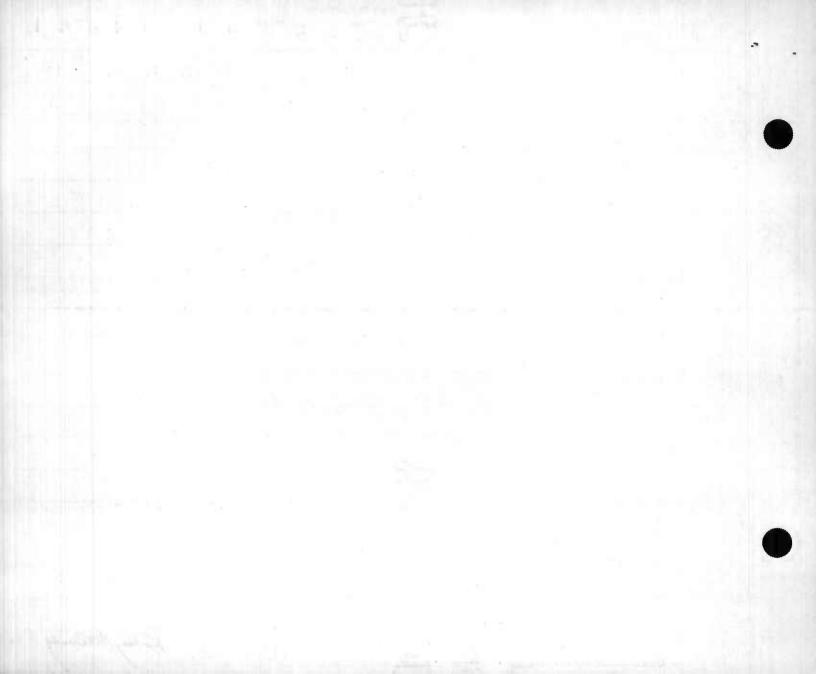


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI 1,80 LENA M. WIRSHING DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE 84 VBC May 9,1895 PRONOUNCED ,.80 white female DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH DO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Baltimore City DIVORCED O. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 15 NOT IN SUCH FACILITY GIVE STREET ADDRESS) 2636 Ashland Ave. Homemaker OR INDUSTRY Home Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 2636 Ashland Ave. Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Mika Wenceslaus Baroch Antoinette 166. SOCIAL SECURITY NO. 17. INFORMANT 5409 Cedella ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO, OR UNKNOWN 217-54-1331 Dorothy DiOrge (daughter) Ave., 21206 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 TO BURIAL, YES NO X E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 711. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, EYC.) CITY OR TOWN COUNTY 22s. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Undetermined manner death resulted frag Hamicide TITLE (SPECIFY) 2-6-80 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT O LA 73c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial Most Hely Redeemer Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256 24.FU Schimunek Funeraloges 3331 Brehms Lane **DHMH-17** 1980 FEB 8 VR A15 ME (5)) Home, Inc. Balto., Md. 21213 15M 7/76

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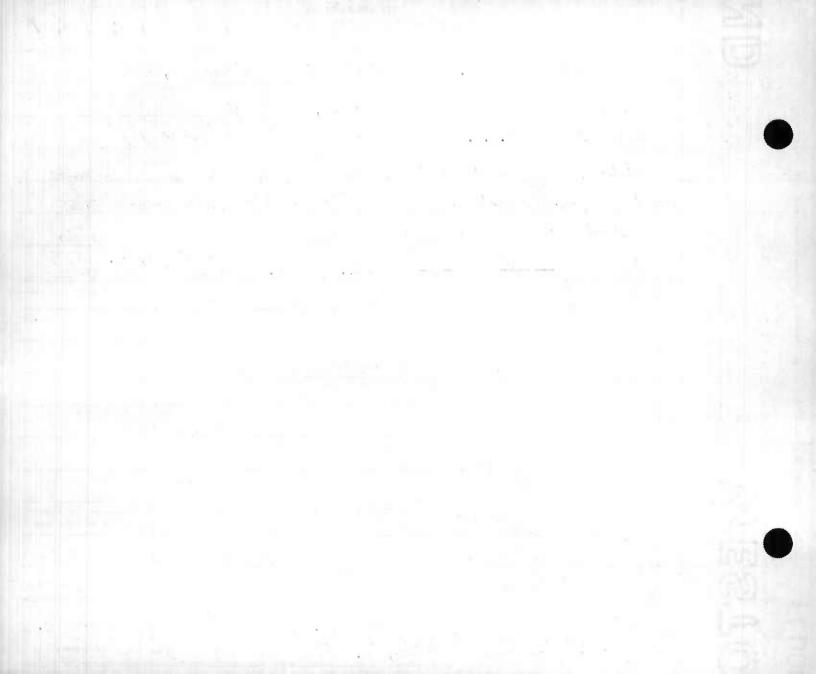
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AL OR A the hos AL DIREC letoched ite Dept.		226. SIGNATURE	Call 1	Leene	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF X DIRECTOR PHYSICIAN	2/13/8)
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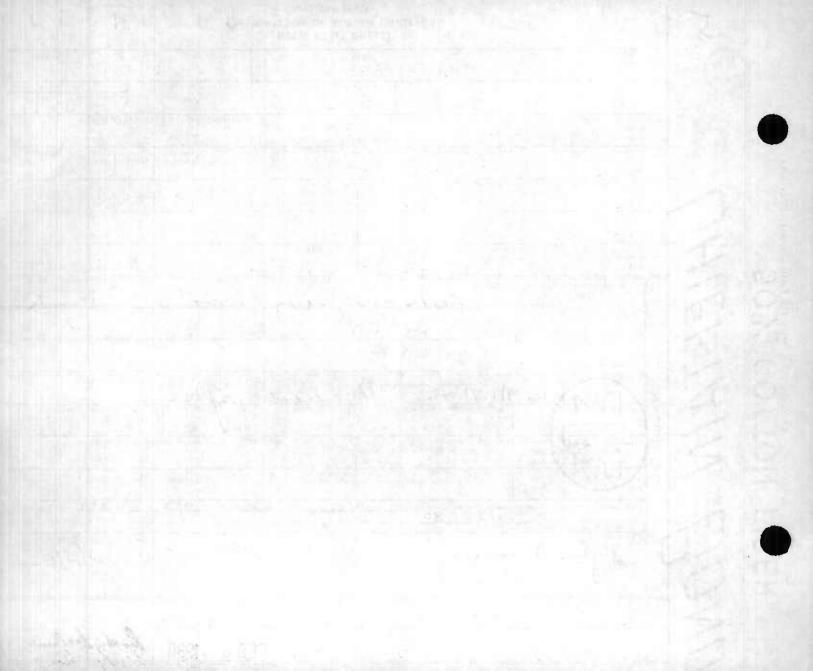
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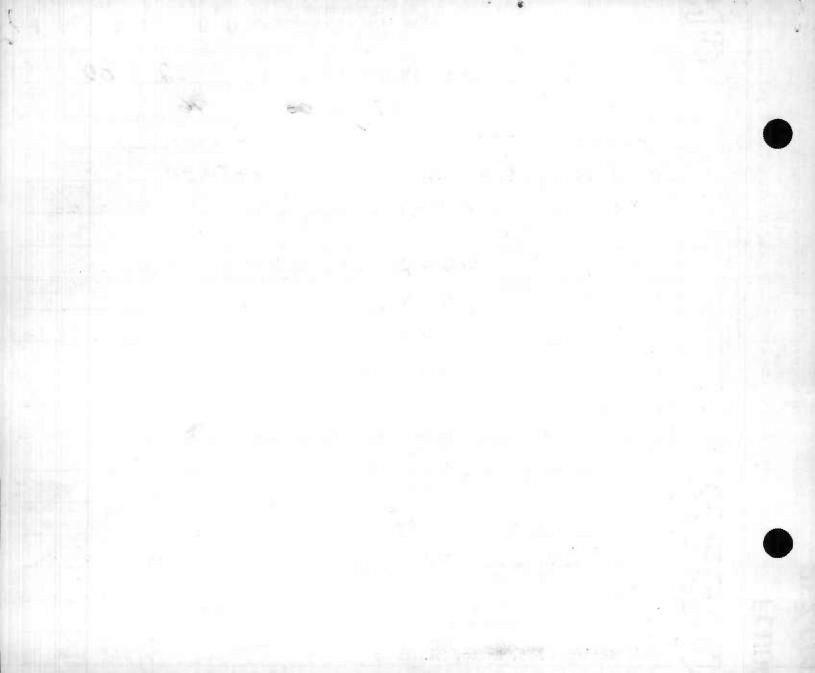
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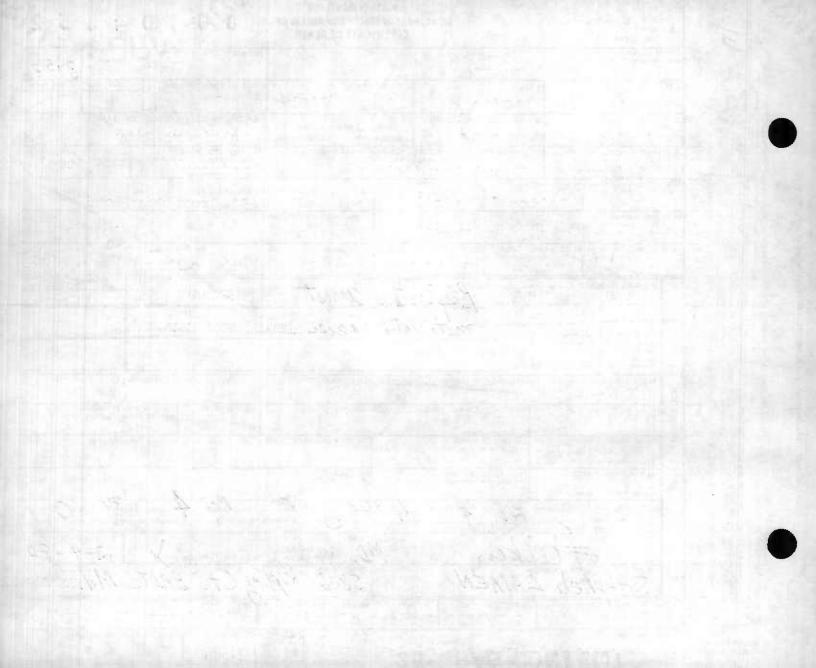
2			STATE OF MARYLAND	The state of the s	
6	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	HYGIENE 8 0 REG. NO.	0 4 3 4
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	JOSEF	H WHEELER	WORK	FEB. 24,	1980 7:00
3	SEX	4 RACE	5. DATE OF BIRTH	4. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
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7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED MEVER MARRIED	1 BALTIMORE CITY OR COUP	TY OF DEATH
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50		ward Ellicot		3036 D Oak Gree	en Circle
	4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN		
30	David T. Wor		Mary	Alice	Alexander
9	60 WAS DECEASED EVER IN U.S	. ARMED FORCES? THE SOCIAL SE	CURITY NO 17 INFORMANT	ADDRESS	
4	(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES] 219-10-	0721 Mrs. Elena	A. Work Same as	s #13
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		NI CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART TO
$\dashv$	190 DATE OF OPERATION 2 - 2 2 - 80 210. ACCIDENT WAS UNDERLYIN	1% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	Oca Zon AUTOPSY? Zoh. IF	YES, WERE FINDINGS USED
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	276 SIGNATURE	11	DEGREE	G MEDICAL STAFF 1	224. DATE SIGNED
1	2111.	1sn un	PHYSICIAL	MEDICAL STAFF	7 2-29-
1	A, MICH	1 / - 1 -	TO TOLA	is Hoppica	s Hospin
1	3a BURIAL, CREMATION, REMO	VAL 23b. DATE 2	NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	COUNTY STA
	Burial	2/28/80	Parkwood Cemetery	Parkville B	alto Md
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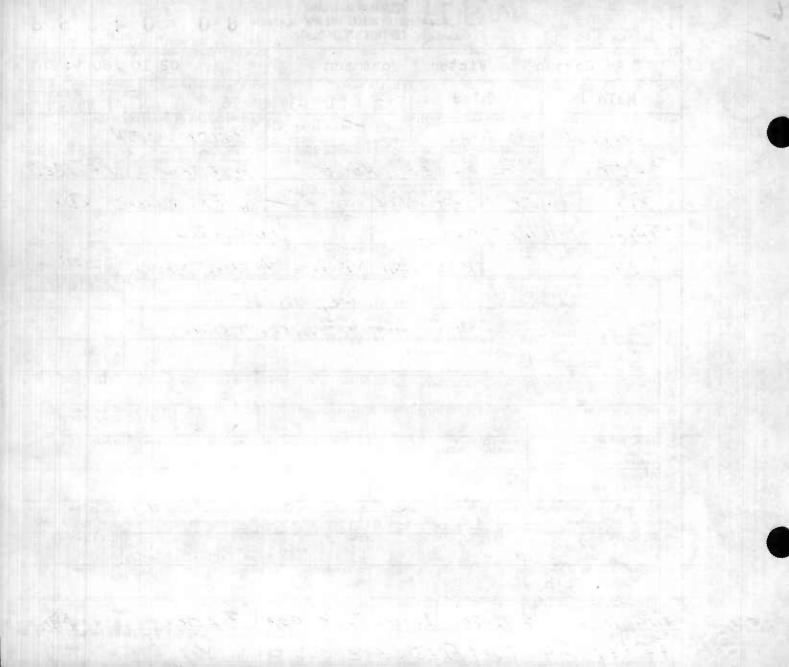
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BALTIMORE, MARYLAND 2120 ote be executed within 24 hours ysicion and campletely filled in by pers. Pages 1 and 2 should be fill yol. t, the medical examiner-must be a		GIVE WAR OR DATES]	al SECURITY NO.   17 INFORMANT -01-8796 Audrey J	ADDRESS  J. Wooden 8 C	Charles Plaza
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TO HOSPITAL retoined by the TO FUNERAL should be detured the Store with the Store MAPORTANT: I	22d. PHYSICENES NAME (TYP	0	27e ADDRESS		12/3/07
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DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME Wm C March F	/H 1101	RESS	TEREC'D. BY REGISTRAR 256. RIGHT	A SSIGN TURPLES







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TO HOSPITAL retained by the I TO FUNERAL should be detach with the State D IMPORTANT: I		G. Shah				
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OG DHMH-16 25M (VRA 15, 4) 1/79	24. F	UNIFICAL DIRECTOR HARLEV F-H	660/ FREI		FB 1 4 1980	REGISTRAR'S SIGNATURE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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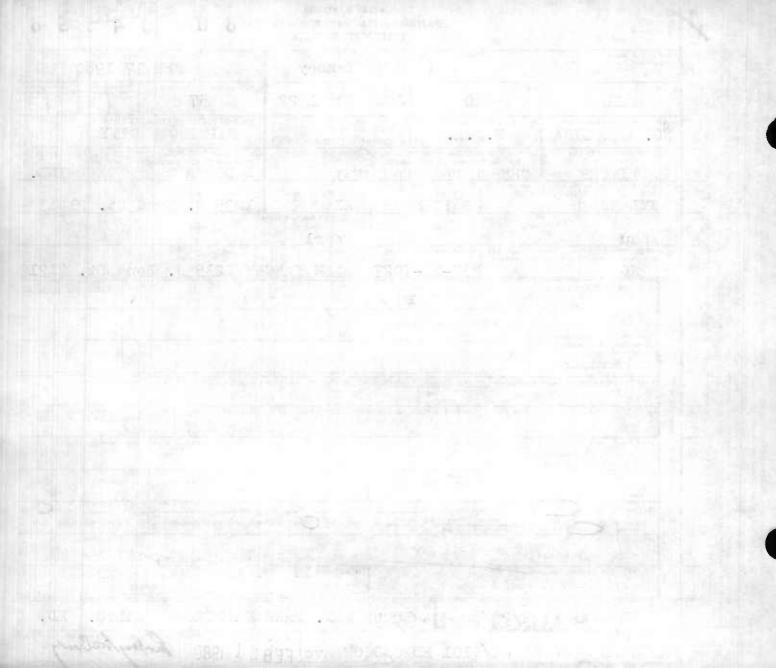
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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

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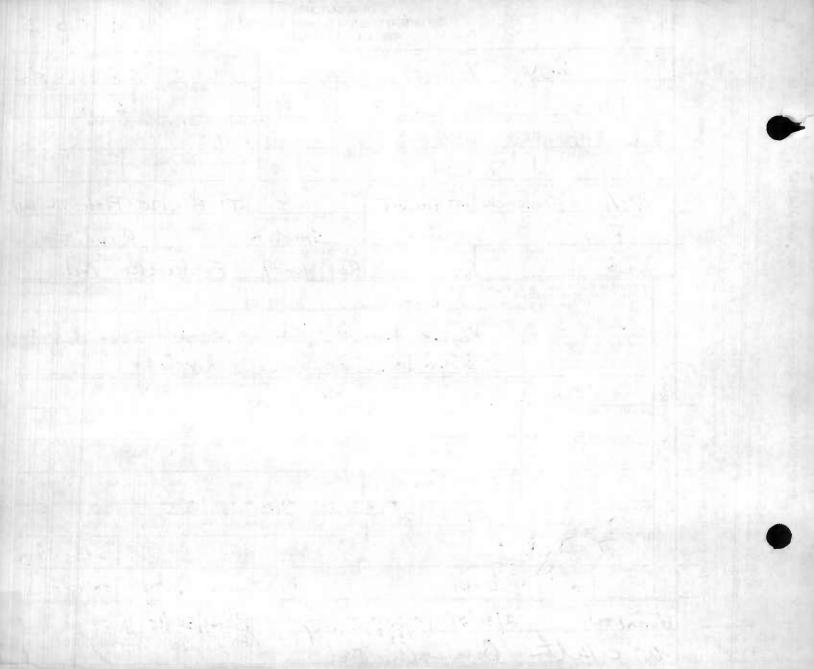
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1 DECEASED NAME FIRST 26 HOUR (TYPE OR PRINT) 330 M ANNIE 0 4 RACE 1 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 10 HOURS. 29 05 74 Female Negro BIRTHPLACE STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Marvland WIDOWED DIVORCED [ 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore John Hopkins Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 633 Monument Street MD YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dennis Cecelia Purnell Sidney F. ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I HE YES, GIVE WAR OR DATEST 215-14-4786A Lenora Smith 635 N. Lakewood Ave. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Impent SWEW ARDIO DUCHOON MY DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Seuse 1 BEASIS Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF 45W25 underlying couse lost. A RTHENOSCLENOUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION prior 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NOV 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 te Ž 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from 19.80 saw the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death ITH SIGNAPORE DEGREE 22c DATE SIGNED ATTENDING MEDICAL TO FUNERAL Description of the State Descriptio PHYSICIAN [ DIRECTOR PHYSICIAN 12d PHYSICIAN'S NAME ITEM OF MINIT 22e ADDRESS 236 DATE 23d. LOCATION 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial COUNTY STATE Baltimore National Baltimore 2/22/80 MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15 (4)) Wm. C. March F.H./1101 E. North Ave.

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should b	130.	STATE 196 COUN	denck MT PleysoT YES NO B	RTI BOX170 Frederick ma			
ond on one			MIDDLE YOUNG 15 MOTHER'S MAIDEN N	ra Rupert			
Poge.	160. (	YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Roy Yours	4 Frederick Md.  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL			
signed by the ottending physicio Then please remove corbon papers to burial, cremotion, or removal njury, or other traumotic event, the		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	e (Confession fear franker a display RMINALDSEASE OR CONDITION OF VEN IN PART 1/01			
ws ony	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
the buriot-transit ond Mental Hygie ked or Item 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	P.M. 19 210 PLACE OF INJURY 211, LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
K: Att	W	WHILE AT WORK AT WORK 220.1 certify that (1) (this hospite		CITY OR TOWN COUNTY STATE  O, to 2 , 19  O, that (I) (we) lost			
RAL DIRECTO detoched for lote Dept. of P VT: If them 21		sow the decessed alive on obove, (I) (we) (did) (did not)  22b. SIGNATURE	DEGREE  ATTENDING PHYSICIAN				
should be deto with the Stote		22d. PHYSICIAN'S NAME (TYPE OR		Chimore City Hospital			
⊢ 5 3 ≤	B	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 236, NAME OF CEMETERY OR CREMATORY	one BEANSIANC Dury may land			
16 60M 7/73	24 F	UNERAL DIRECTOR	ADDRESS ADDRESS 250. DA	ATERECID BY REGISTRAPISM REGISTRAPISMENTURE			

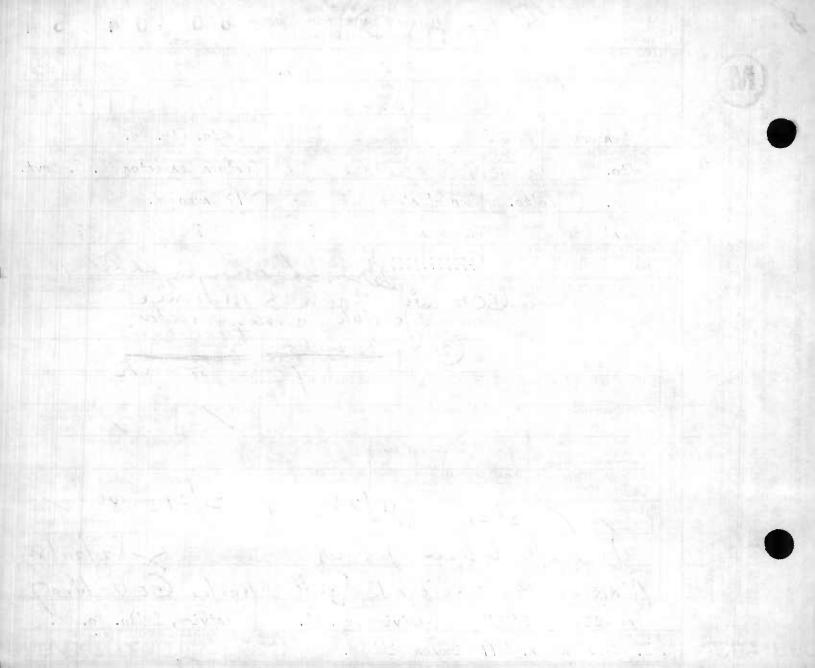


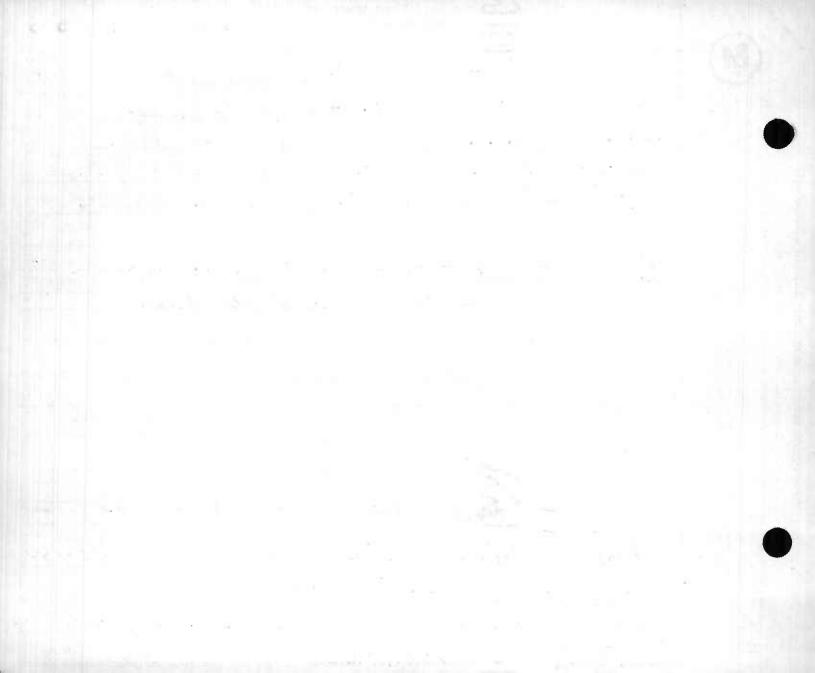
HERBERT E. NUTTER 3035 W. NORTH AVENUE

DHMH-16 25M

(VRA 15, 4) 1/79

AND THE ANY PROPERTY OF THE ANY COST - 1-50 HERBERT L. JUFFER 2025 W. KITCH AVANUE





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